



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

American Academy of Ophthalmic Executives®

Practice Management Consultant Listing Application

Consultant benefits:

- Your company listing in the online Consultant Directory on the Academy's website (aao.org/consultant).
- Access to AAOE's web-based educational content, including complimentary webinars.
- Receive significant savings on registration on all Academy educational meetings and courses.
- Eligible to participate in the popular Conversations with the Experts during the annual meeting. Conversations with the Experts are free 20-minute one-on-one consultations with Academy and AAOE members held in the Academy Resource Center.
- Discount on products from the Academy Store.
- Subscription to weekly e-newsletters *Practice Management Express*, *Academy Express* and *Washington Report Express*.
- Subscription to *EyeNet® Magazine* (12 issues per year).
- Access to the online member community: AAOE-Talk.

(Please note: Benefits are offered only to the principal contact listed in the Consultant Directory.)

Join today by returning the enclosed forms and your remittance of \$599. For further information, please contact Janine Barth at 415.447.0335 or jbarth@aao.org.

Notice of Terms and Conditions for Consultants in the Directory

Consultants agree to the following:

- That they will abide by all relevant Academy and AAOE policies including the **online member community guidelines**: aao.org/help/community-guide/community-guidelines-and-standards
- That they will promptly notify the Academy and AAOE of any dispute with a member over services provided or litigation arising from their work for a member. Notification can be sent to aaoe@aao.org.
- That participation in the directory is at the sole discretion of the Academy and can be revoked at any time with or without cause. Upon removal from AAOE, all other benefits will cease.
- Consultants should have at least three years of providing services to ophthalmic practices.
- The consultant directory is meant as a resource of people or businesses that provide project based or consulting services to ophthalmic practices. It is not intended as a marketing platform to sell products.



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General Consultant Listing Information

Name of firm _____

Principal contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Additional listings per firm/name(s) and title(s) _____

Check below if you would like to be linked from the Academy website **aao.org**

Email address _____ Link my email address Yes ☐ No ☐

Website address _____ Link my website address Yes ☐ No ☐

Year business established _____

Initial consultation rate \$ _____

Daily rate \$ _____

Hourly rate \$ _____

AAOE's **Consultant Directory** indicates those consultants who are willing to offer a discount to AAO & AAOE members.

Enter the percentage discount that you would like to offer? _____ %

List states in which your firm can provide services: (Check all or list below) All ☐

List the professional organizations to which you belong that relate to your areas of expertise:

Description of your services in 90 words or less: (Attach an additional page if needed)



Key Competencies Profile

Check the topics of expertise to be listed in your listing. Please add any additional topics you would like included in the "Other" box. The additional topics will be reviewed and may be included in the key competencies profile.

ASC	<input type="checkbox"/> Ambulatory Surgery Centers <input type="checkbox"/> ASC Accreditation, Licensure and Medicare certification	<input type="checkbox"/> ASC Corporate Partnering Programs <input type="checkbox"/> Laser Vision Correction Centers
BUSINESS DEVELOPMENT	<input type="checkbox"/> Accountable Care Organizations (ACO) Development <input type="checkbox"/> Business Development <input type="checkbox"/> Good Clinical Practice Training	<input type="checkbox"/> New Business Management <input type="checkbox"/> Planning Retreats <input type="checkbox"/> Productivity Analysis <input type="checkbox"/> Research Center Development
BUSINESS OPERATIONS	<input type="checkbox"/> Aesthetic Medicine Practice Development and Management <input type="checkbox"/> Business and Strategic Planning <input type="checkbox"/> Business Efficiency <input type="checkbox"/> Facility Design <input type="checkbox"/> Lean Business Operations <input type="checkbox"/> Managed Care Contracting <input type="checkbox"/> Managed Care Negotiations <input type="checkbox"/> MIPS Performance Optimization <input type="checkbox"/> Operational Reviews	<input type="checkbox"/> Operational Surveys <input type="checkbox"/> Operations Enhancement <input type="checkbox"/> Patient Flow <input type="checkbox"/> Prescription Prior Authorization <input type="checkbox"/> Quality Management Consulting <input type="checkbox"/> Scripting <input type="checkbox"/> Space Planning <input type="checkbox"/> Succession Planning <input type="checkbox"/> Transcription
BILLING & INSURANCE	<input type="checkbox"/> Fee Analysis	<input type="checkbox"/> Medical Billing
COMPLIANCE & RISK MANAGEMENT	<input type="checkbox"/> Clinical Trial's Compliance <input type="checkbox"/> Co-Management <input type="checkbox"/> Credentialing <input type="checkbox"/> EHR Documentation Compliance <input type="checkbox"/> FDA Audits <input type="checkbox"/> Fraud & Abuse	<input type="checkbox"/> HIPAA <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Loss Prevention <input type="checkbox"/> OSHA <input type="checkbox"/> Safe Harbor <input type="checkbox"/> Stark
FINANCE	<input type="checkbox"/> Accounts Receivable Financing <input type="checkbox"/> Accounts Receivable Management <input type="checkbox"/> Appraisal/Valuation <input type="checkbox"/> Asset Protection <input type="checkbox"/> Benchmarking Tools and Analysis <input type="checkbox"/> Brokerage <input type="checkbox"/> Budget Management and Analysis <input type="checkbox"/> Capitation Analysis <input type="checkbox"/> Charitable Gifting and Equity <input type="checkbox"/> Construction Administration and Building Development <input type="checkbox"/> Cost Containment <input type="checkbox"/> Equipment Financing	<input type="checkbox"/> Equipment Sales <input type="checkbox"/> Estate Planning <input type="checkbox"/> Financial Performance <input type="checkbox"/> Group Purchasing <input type="checkbox"/> Income Division <input type="checkbox"/> Investment Advising <input type="checkbox"/> Non Recourse Debt <input type="checkbox"/> Outsourced Medical Billing <input type="checkbox"/> Practice Acquisitions <input type="checkbox"/> Practice Sales, Mergers, Buy-Ins and Closure <input type="checkbox"/> Practice Start-Up and Evaluation <input type="checkbox"/> Tax Planning



HUMAN RESOURCES	<input type="checkbox"/> Career Counseling <input type="checkbox"/> Interviewing and Hiring <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Personnel Policies <input type="checkbox"/> Physician and Staff Retention <input type="checkbox"/> Physician Employment	<input type="checkbox"/> Provider Career Counseling <input type="checkbox"/> Recruitment/Placement <input type="checkbox"/> Salary and Benefits Administration <input type="checkbox"/> Staff Training <input type="checkbox"/> Technical Training for Technicians
INFORMATION TECHNOLOGY	<input type="checkbox"/> Apps <input type="checkbox"/> Cyber Security <input type="checkbox"/> Developing an Request for Proposal (RFP) <input type="checkbox"/> Digital Magazine <input type="checkbox"/> Electronic Health Records (EHR) <input type="checkbox"/> EHR Contracting <input type="checkbox"/> EHR PM Data Migration <input type="checkbox"/> EHR Project Management <input type="checkbox"/> EHR System Selection <input type="checkbox"/> HD Video Production	<input type="checkbox"/> High Tech Presentations <input type="checkbox"/> Practice Management Software <input type="checkbox"/> Search Engine Optimization <input type="checkbox"/> Social Media Management <input type="checkbox"/> Systems (inventory, scheduling, etc.) <input type="checkbox"/> Systems Implementation and Training <input type="checkbox"/> Web Page Design and Management/Maintenance <input type="checkbox"/> Web Page Optimization <input type="checkbox"/> 4K Video Production
LEAN	<input type="checkbox"/> Lean Architectural Analysis <input type="checkbox"/> Lean Online Training	<input type="checkbox"/> Lean Patient Flow Software <input type="checkbox"/> Lean Patient Wait Times
LITIGATION	<input type="checkbox"/> Contracts <input type="checkbox"/> Dispute Mediation	<input type="checkbox"/> Employment Law <input type="checkbox"/> Litigation Support
MARKETING	<input type="checkbox"/> Brand Differentiation Strategies <input type="checkbox"/> Internal and External Marketing <input type="checkbox"/> Marketing Research <input type="checkbox"/> Patient Surveys	<input type="checkbox"/> Practice Surveys <input type="checkbox"/> Refractive Surgery Marketing <input type="checkbox"/> Survey Techniques
OPTICAL	<input type="checkbox"/> Optical Benchmarking <input type="checkbox"/> Optical Dispensing Management	<input type="checkbox"/> Optometric Networking <input type="checkbox"/> Sales Training for Opticians
PROFESSIONAL GROWTH	<input type="checkbox"/> Executive Performance Coaching for Providers, Administrators, Mid-Level Managers <input type="checkbox"/> Executive Staff Development and Management Mentoring <input type="checkbox"/> Management Team Coaching and Development	<input type="checkbox"/> Matching Leadership Models with Practice Scale <input type="checkbox"/> Professional and Leadership Skills/Development <input type="checkbox"/> Retirement Planning
OTHER		



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Payment Information

☐ **Yes**, please sign me up for a listing in the Consultant Directory for an annual fee of \$599

Company _____

Name _____

Address _____

City _____

State & zip _____

Phone _____ Email _____

☐ Billing information (same as above)

☐ Check (Attached)

☐ American Express

☐ Visa

☐ MasterCard

☐ Discover

Credit card # _____

Expiration date _____

Card holder name _____

Signature _____

☐ Add billing information if different from above:

Company _____

Name _____

Address _____

City _____

State & zip _____

Phone _____ Email _____

Mail, email or fax payment and the completed forms to:

American Academy of Ophthalmic Executives

Janine Barth, Programs Administrator

P.O. Box 7424, San Francisco, CA 94120-9892

Phone: 415.447.0335

jbarth@aao.org

Fax: 415.561.8595

Academy Communications

☐ I consent to the Academy keeping me informed through member-exclusive newsletters and timely communications about the annual meeting, education, products and services that it provides to the ophthalmology community at large.

For Accounting Use Only—Consultant Directory (4400-1015000-00)
Payment Received

Date

By

\$ Amount