



SCOPA Advocacy and Education Wednesday, February 14th Participation and Registration Form

Please complete the form below and return to the SCOPA Office.
Completed forms can also be faxed to 803-799-1064.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ E-mail Address: _____

Please check all that apply:

- I will participate in the SCOPA Legislative Day activities at the State House between 10 – 11:30 a.m. **(No cost)**
- I will participate in the SCOPA Legislative Day Luncheon at the Palmetto Club from Noon - 2 p.m. **(No cost)**
- I would like to register for the Continuing Education program from 2:00 - 4:00 p.m. **Registration is \$40 if you attend the Legislative Day Activities or \$80 if you only attend the CE program.** Seating is limited.
- I will not be able to participate in any of the activities planned for Feb 14th.

Presented by Dr. Rebecca Wartman

Update of MIPS (1 hour): A review of the changes in the reporting requirements for 2018 to avoid penalties and earn bonuses. A look at why it is important to report MIPS measures even if you are exempt from the reporting requirements.

Coding Update for 2018 (1 hour): An in-depth review of the changes for 2018 coding - CPT, ICD-10-CM and other Requirements to ensure that your office is update and avoid claim denials and other issues.



Dr. Wartman attended The University of the South (B.A. Psychology) and University of Missouri St. Louis School of Optometry. She is in private practice caring for nursing facility patients in western NC. Dr. Wartman currently serves on the American Optometric Association Third Party Center Executive Committee. She is the American Optometric Association alternate advisor to the CPT Editorial Panel. She writes and lectures on insurance and coding issues as well as Long Term Care Eye Care. She serves as a Board member and advisor to Doctors Vision Center OD PA and as medical director for Trident Mobile Clinical Services Eye Care.

Please check the appropriate box:

- I am sending a check to the SCOPA Office by February 9, 2018.
- Please charge my Visa/MasterCard/AMEX/Discover

I would like to register for the CE Lectures: _____ attendees at \$40 each or _____ attendees at \$80 each.

Credit Card Number: _____

Expiration Date: _____ CVV: _____ Zip Code: _____

Signature: _____ Date: _____