

## AAOE Membership for Billers/Coders

The American Academy of Ophthalmic Executives (AAOE) is the trusted source for practice management information. Join today to get the ophthalmology-specific resources you need to enhance your coding expertise.

### **BENEFITS OF YOUR AAOE MEMBERSHIP**

#### **GET ACCESS TO UP-TO-DATE RESOURCES CONTAINING TOPICS IMPORTANT TO YOUR WORK AND CAREER**

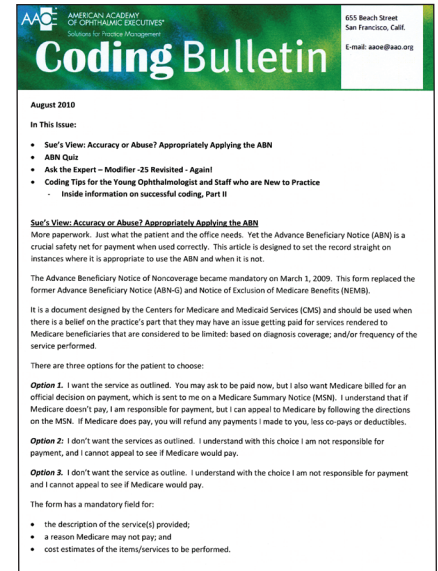
- **Coding Bulletin** – a monthly, ophthalmology-specific bulletin (other non-specialty coding subscriptions cost over \$350 annually)
- **Eyenet Magazine** (online version only) featuring “The Savvy Coder”
- **AAOE website** – coding tools, PQRS and e-prescribing guides, free online courses plus much more

#### **GET CUSTOMIZED ANSWERS TO YOUR CODING QUESTIONS**

- Submit coding questions through our billing listserv or coding e-mail service. Members get up to two free, personal coding answers per membership year.

#### **SAVE ON MANY PRODUCTS AND SERVICES WE OFFER**

- Member discounts on coding webinars, coding books and other education materials



### **MEMBERSHIP DUES**

AAOE membership dues are **\$95** and are based on a calendar year, Jan. 1 to Dec. 31.

### **MEMBERSHIP ELIGIBILITY**

You must be sponsored by a full-benefit AAOE member from your practice to be eligible for the AAOE/Biller membership.

#### **Frequently Asked Questions:**

##### **The physician I work for is an AAOE member, can I join at the AAOE/Biller rate?**

Yes, as long as there is at least one full-benefit AAOE member in the practice (whether a physician, manager or other staff) you can join at the AAOE/Biller rate.

##### **When will my membership go into effect?**

Your membership will be in effect from the time you join through 12/31/2012.

##### **What happens next?**

You will be mailed login information with your AAOE membership card. You will need this information to access the AAOE website and receive member pricing on products.

#### **What Your Colleague Says:**

*“The information provided by the Academy and AAOE is the most researched, reliable and trusted source by the entire ophthalmology community.”*

##### **Nancy LaVergne CPC, OCS**

Insurance & Billing Director  
Jackson Eye Associates, PLLC



**AAOE/BILLER MEMBERSHIP ELIGIBILITY:** To be eligible for membership, you must have a sponsoring, full-benefit AAOE member in your practice.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

Check all that apply:  OCS  COE  MBA  COT  COMT  COA  ABOC

Job Title: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**SPONSOR INFORMATION** (Required for AAOE/Biller membership)

**Sponsoring Full-Benefit AAOE Member Name:** \_\_\_\_\_

**Sponsoring AAOE Member Number:** \_\_\_\_\_

**PAYMENT**

**AMOUNT: \$95** (JAN. 1 TO DEC. 31)

VISA  MasterCard  Discover  American Express  Check or money order payable to AAO

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature on card: \_\_\_\_\_

Last Name or Company Name as it appears on card: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RETURN THIS FORM WITH PAYMENT TO:**

**American Academy of Ophthalmology**  
**Dept. #34048**  
**P O Box 39000**  
**San Francisco, CA 94139**  
**Fax: 415.561.8575**

I understand and agree that the American Academy of Ophthalmic Executives does not accept optometrists or commercial representatives and the practice I work for must employ a full benefit AAOE member to maintain my eligibility in the AAOE/Biller membership category. If a standard AAOE member is no longer eligible for AAOE membership or dues are not current, I understand I will need to become an full benefit AAOE standard member or another member of the practice will need to become an full benefit AAOE standard member.

Signed \_\_\_\_\_