



BULLETPROOF DOCUMENTATION STRATEGIES

8 CE DC/CT

THURSDAY, OCT 24, 2019 • DE PERE

• Fax 608-256-7123 • Phone 608-256-7023 • Email registration@wichiro.org • Online www.wichiro.org
 Mail 2401 American Lane, Madison, WI 53704

COURSE OVERVIEW:

One of the biggest challenges with documentation in our profession is the worry regarding Medicare audits. With Chiropractic being singled out for close scrutiny, DCs need to be doubly careful to meet the Medicare requirements. The course will unpack each portion of SOAP notes and help identify patient-specific goals, demonstrate progress toward recovery, and see quickly what services you have provided to your patients.

INSTRUCTOR: Steven G. Yeomans, DC, FACO

REFUND & REGISTRATION POLICIES

Please read carefully - some of our policies have changed for 2019.

EARLY BIRD RATE: REGISTER **10 Days** before the class, receive 10% OFF.

CANCELLATION / REFUND POLICY: You may cancel your registration or transfer to a different class without penalty until 10 days before the event. From 2-9 days before an event, cancellations or transfers will incur a \$20 administrative fee. NO refunds or changes less than 24 hours before the event starts. For multi-day events, this policy is in effect from day one of the event.

	REGISTRATION OPTIONS	DATE / TIME	REGULAR RATE		EARLY BIRD - Register 10 days in advance	AMT DUE
			MEMBER	NONMEMBER	-10%	
<input type="checkbox"/>	BULLETPROOF DOCUMENTATION STRATEGIES 8 CE DC/CT	Thur Oct 24, 2019 8am-5pm	\$150	\$225		

LOCATION:

F.K. Bemis International Center
 299 3rd Street, DePere, WI 54115

NEARBY LODGING:

The Kress Inn
 300 Grant Street, DePere, WI 54115
 920-403-5100

Steven G. Yeomans, DC, FACO practices chiropractic in Wisconsin, and educates on orthopedics, industrial consulting, outcomes assessment and rehabilitation across the continent. He graduated cum laude from National College of Chiropractic, completed a five-year residency in orthopedics and became board certified in 1985. Dr. Yeomans' Ripon-based practice emphasizes the treatment of orthopedic and sports related injuries.



ATTENDEE INFORMATION

PLEASE PRINT CLEARLY • ONE ATTENDEE PER FORM

First & Last Name _____ Supervising DC _____
 Clinic Name _____ WCA Member? Y / N
 Address _____
 City _____ ST _____ Zip _____ Phone with area code _____ - _____ - _____
 Email (required for confirmation) _____

PAYMENT INFORMATION

Method: Visa MasterCard Discover Amex Check Payable to WCA Check # _____ DISCOUNT CODE _____
 Credit Card # _____ Expiration _____ / _____ CVV Code _____
 Name on Card _____
 Billing Address on Card _____
 (if different than clinic address)

TOTAL DUE
\$