

Tired Of The Following Excuses For Denied Claims?

Are you losing collections due to the following denials?

Medical Necessity

Bundled services

Part of another service

Integral to another service

The E&M is considered included in the CMT

This service is considered investigational and experimental

Name the service
Third Party Payers will find a reason not to pay
for legitimate services!

Some of the major insurers in your area that may have denied your request for reimbursement are as follows:

- Independence Blue Cross
- Highmark BC&BS
- Capital Blue Cross
- Aetna and other insurance companies
- Horizon BC&BS
- Self insured plans
- Union Plans, like Teamsters
- Virtually all health insurance sponsored by an employer

**Are you ready to learn the new tools available for
Maximum and Prompt Reimbursement through Compliance?**

Then you need this seminar!

LOCATION

Sheraton in Langhorne
(Philadelphia area)
400 Oxford Valley Road
Langhorne, PA 19047
Phone: 215-547-4100

DATE: October 11, 2003

TIME: 9:00 to 5:00

PRESENTED BY:
ERISAclaim.com

Jin Zhou, D.C.
Spyros Bakas, D.C.

\$175.00

PREREGISTERED

includes up to 2 persons from
office
\$35.00 each additional
Received Before October 7, 2003

\$225.00 AT THE DOOR

includes up to 2 persons from
office
\$50.00 each additional

What You Will Learn

Your new rights

- Do you know as a provider that you have rights under the new federal law – ERISA?
- Do you know these new rights provide for Maximum protection and prompt payment of claim?
- Do you know that under the new federal law third party payer must fully disclose the reason for their action? Simply stating “not medically necessary” is not acceptable.

Why 80% of all Health Care Claims

- are governed by new Federal Law as of January 1, 2003

Why New Federal regulations

- Implement new standards for claim processing
- Ensure more timely payment
- Improve access to information used to deny or bundle your claims
- Guarantee a full and fair review of an appealed claim
- Disallow “kangaroo courts” to make payment and coverage determinations

Why your present “Assignment of Benefits” is useless to enforce these new rights.

- You need more than just the right to receive payment

Why the new federal regulations prohibit “anti-assignment provisions”

- No more “we do not honor your assignment” excuse
- No more “we only pay the patient”

Why general appeals will not work

- Appeals must be specific and compliant with the new regulation

Why there must be a prompt and timely response to appeals

- No more “black holes” to lose claims and appeals

How to obtain a valid assignment and become an “authorized representative”

- No more “have the patient call us”

How to obtain the “Summary Plan Description” (SPD)

- The SPD controls how the plan operates

How to obtain up to a \$110.00 a day fine for non-compliance with Federal regulation

- \$110 a day, day after day, until the health plan complies

REGISTRATION

Deadline for Pre-registration Oct. 7, 2003

Name: _____

Address: _____

City: _____

Zip: _____ Phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Number of Attendees: _____

Credit Card No.: _____

Expiration Date: _____ MC Visa

Signature: _____

FAX TO: 570-628-4572

CALL: 570-622-2545, ask for Peggy

MAIL REGISTRATION TO: ACERTX

Attention: Peggy

1666 Mount Hope Ave.

Pottsville, PA 17901

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Gerald F. Hermann, Esq.

David G. Novatnak, D.C., C.P.C.