



2018 MEDICAL COLLECTION FORUM

Thursday, June 14th
Umpqua Community College
Rooms 203 & 204 Lang Event Center

Morning session “Debt Collection Overview & Law Updates”

- *Updates on Oregon state law including new prohibitions for OHP patients & Balance Billing for out-of-network providers
 - *Federal changes to credit reporting rules for all health care providers in the U.S.
 - *Learn the new bankruptcy POC filing rules effective Dec. 1, 2017 PLUS a primer on working with patients in bankruptcy “Can I accept payments?”
 - *Compliance and plaintiff lawyers—What you must know to reduce exposure and complaints
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Afternoon session - “Working with Patients”

- *Learn 3 most common mistakes of patient intake
- *Find out who owes for minor children, spouses, ex-spouses’ debts
- *Discover the real billing and collection issues with government and commercial insurances



**Lunch and all Forum materials are included with each registration.

Please fill out the registration form on the following page and send to Southern Oregon Credit Service to reserve your spot. Space is limited and the 2015 & 2017 Forums **sold out** so please register early!

REGISTRATION FORM

Thursday, June 14th at the
Lang Event Center, Umpqua Community College,
rooms 203 & 204 in Roseburg.

Registration & Continental breakfast begins at 8:00am.
The Forum concludes at 3:30pm.

Forum registration is \$69.00 per person. Please fill out the Registration form and return to SOCS by Thursday, June 7th to reserve your spot! FAX your form to 541-773-7966, email to CST@socredit.com, or call for assistance to the Client Services Team at 888-511-0070

I/We are from the office of: _____

PH#: _____

Email address to send proof of registration and receipt of payment: _____

Enter the Name(s) of Attendee(s):

Name: _____ Name: _____

Name: _____ Name: _____

Total number of Registrations: _____ X \$69.00 each = \$ _____

Pay by Check—Included

Pay At Door

Makes checks payable to: SOCS

Pay by VISA/MasterCard/Amex/Discover

Name on Card: _____

Card#: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail this form with payment to:

SOCS PO Box 4070 Medford OR 97501 or FAX to 541-773-7966

.For more information, please call or email: 888-511-0070 - CST@socredit.com