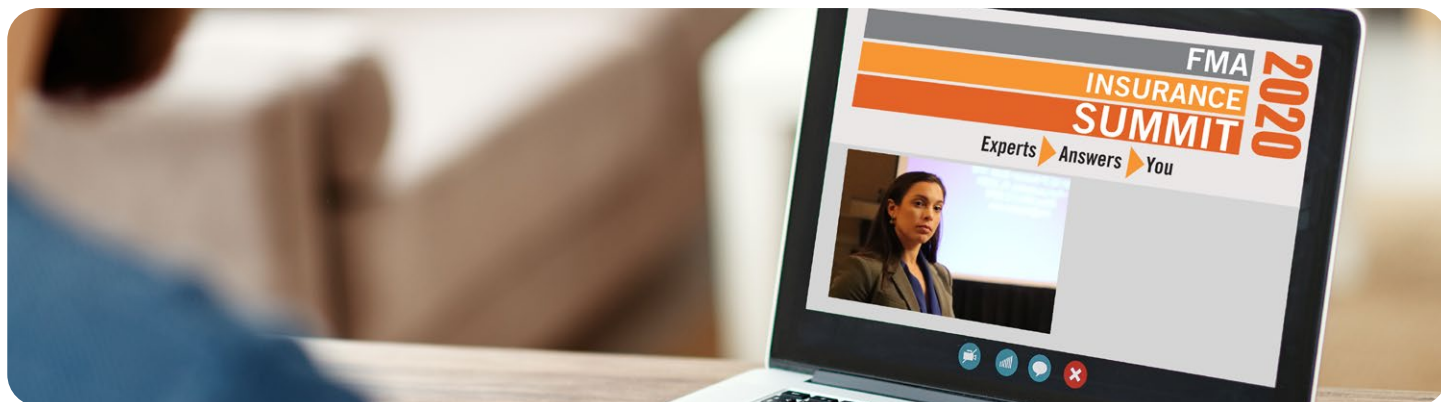


# Learn the New Rules for Payment Success

Virtual 2020 FMA Insurance Summit –  
Live on Friday, Nov. 13



COVID-19 has transformed the way physicians get paid, placing immense pressure on medical practices to keep up with policy changes from multiple payors to remain financially stable.

The virtual FMA Insurance Summit will clarify the new rules so you can maximize your payments and avoid time-consuming red tape. This live event is your opportunity to have direct access to agents representing Florida's leading health insurance companies, Medicare, and Medicaid.\*

The FMA Insurance Summit is here to assist physicians, practice managers, and billing personnel seeking proven strategies for claims success and real-time guidance from payment experts. Since 2013, this member benefit has helped hundreds of attendees increase practice revenue, improve billing efficiency, and gain personalized support from payor representatives in a rare one-on-one format. Slots are limited, so register today and make sure you don't miss this opportunity.

*\*Agents representing Florida Blue, the Agency for Health Care Administration (AHCA, Florida's state Medicaid agency), Cigna, Centene, UnitedHealthcare, and First Coast Service Options (FCSO, Florida's Medicare Administrative Contractor) are expected to attend.*

FMA

INSURANCE

SUMMIT

2020

Experts ▶ Answers ▶ You

## Pricing

|  |       | Quantity |
|--|-------|----------|
| FMA Member Physician or Member Physician Staff (and Residents) . . . . . | \$99  | _____    |
| Additional FMA Member Physician or Member Physician Staff . . . . .      | \$49  | _____    |
| Non-Member Physician and Non-Member Physician Staff. . . . .             | \$299 | _____    |

*(Enter attendee below)*

## Payment

**Amount Total** \_\_\_\_\_

Check enclosed payable to the FMA     American Express     MasterCard     Visa     Discover

Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_ Authorized Signature \_\_\_\_\_

# Registration Information

You MUST check one of these boxes!

## Physician Information: *(Required)*

Physician attending summit  Not attending

Physician Last Name \_\_\_\_\_ Physician First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Practice Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

**For additional member physicians or member staff** (\$49 each additional attendee) **or non-member physicians and/or staff** (\$299 each attendee).

## Contact Information: Attendee

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Practice Name \_\_\_\_\_ Job Title \_\_\_\_\_

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