

Unified Chiropractic Assoc. of OK

NEW LICENSEE ORIENTATION

May 20 & 21, '17

OBCE mandated for New Licensee's July 1, '17 - June 30, '18 Licensure

Tulsa
Hard Rock Hotel/Casino
 (East of Tulsa off I-44 exit 240, Catoosa)
\$134 til 4/30 (mention unified Chiro. Assoc)
918-384-7200

Curriculum includes:
ObamaCare Health Reform Report, Vaccine Consequences, Treatment Alternatives (oral, IM, & IV Phytopharmaceuticals/Nutraceuticals and requirements), OSHA requirements – Michael Taylor, D.C. DABCI
Medicare / Gen. Insur. ICD-10 Coding & Document'g – Sheila Tipton, CCA
 Brad Hayes, D.C.
Managing the Patient from 1st call to Lifetime maintenance – Tom Derstine, D.C., UCA E.D., Sheila Tipton, CCA
Sexual Boundaries – Tom Derstine, D.C. and/or Jim Muse, D.C.
Risk Management, OSHA, HIPPA – Drs. Jim Muse, Brad Hayes, DC
Collection of Deductibles, Co-pays, Co-Insurance and Non-Insured – Tom Derstine
Personal Injury and Worker's Compensation Billing, Forms, Liens, and Documentation – Sheila Tipton, CCA
 1.

A one time unique opportunity to:

- ◆ Acquire practice management tips
- ◆ Learn how to protect against liabilities
- ◆ Learn how to become In-Network provider with most Insurance Companies
- ◆ Tips to enhance your clinical outcomes
- ◆ Learn how to optimize Insurance Reimburse.

EARLY BIRD Discount

\$99

*Price Includes:
 Notes, Lunch &
 Sat. 5:15 Hospitality*

If postmarked by April 15, '17

At Door "Sign-In"
 7:30 - 8:00
 Seminar: 8:00 - 12:00
 1:30 - 5:00

Postmarked Apr. 16 to Apr. 28, 2017 **\$150**
 Postmarked Apr. 29th thru May 12th, but rec'd by 5/16 **\$200**
 Postmarked after May 12th or paying at Door **\$250**

Insufficient funds will require an amount coinciding with the corresponding deadline date when resubmitting by money order . Please include additional \$25.00 for banking and administrative expense.

Make Checks Payable To: UCA
P.O. Box 701678
Tulsa, OK 74170
(918) 224-6078

Doctor: _____ OK Lic.#: _____ Grad.date: _____ School: _____
 Off. Or Home Add: _____ City: _____ State: _____ Zip: _____
 Ph:(____) _____ Fax: _____ Cell: (____) _____ Home Zip: _____
 Adjust. Tech. & Modalities: _____ Do you want 1st yr. "free" UCA membership? _____
 _____ e-mail: _____

Visa ___ M/C ___ Disc. ___ A/E _____ Exp. _____

Name (Print): _____ Signature: _____

Every attempt is being made to offer this seminar as publicized; however, the UCA reserves the right to adjust seminar locations, dates, times, speakers, etc. due to circumstances beyond our control. No audio or video tape recorders are allowed, and no portion of the seminar may be reproduced to any manner without expressed written consent. All cancellations must be made in writing. Cancellations may be made up to 1 week before the start date of the seminar for a 75% refund. Cancellations 1-7 days prior will receive 50% refund. If a seminar is not held for any reason, UCA's liability is limited to the seminar fee only.