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Fordney (medical insurance, medical terminology, medical machine transcription, and medical office procedures, Ventura College, California) presents the 10th edition of this substantial text for students of insurance billing, updated to account for and expand coverage of HIPPAA compliance rules as they relate to the profession. The 18 chapters are organized into five units covering career role ...

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This money saving package includes Insurance Handbook for the Medical Office - Text, Workbook, 2009 ICD-9-CM, Volumes 1, 2 & 3 Standard Edition, 2008 HCPCS Level II and 2009 CPT Standard Edition.

This money-saving package includes Fordney: Insurance Handbook for the Medical Office, 10th Edition, Text and Workbook.

Stay up on the latest in insurance billing and coding with Marilyn Fordney's Insurance Handbook for the Medical Office, 14th Edition.Trusted for more than 30 years, this market-leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings. Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding, procedural coding, Medicare, HIPAA, and bill collection strategies. As with previous editions, all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text, as well as icons for different types of payers, lists of key abbreviations, and numerous practice exercises that assist you in accurately filling out claim forms. This new edition also features expanded coverage of ICD-10, electronic medical records, electronic claims submission, and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession.Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology.Separate chapter on HIPAA Compliance in Insurance Billing, as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations. Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office.Increased focus on electronic filing/claims submission prepares readers for the industry-wide transition to electronic claims submission.Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it."Service to Patient" features in most chapters offer examples of good customer service.User resources on the Evolve companion website feature performance checklists, self-assessment quizzes, the Student Software Challenge (with cases on different payer types and an interactive CMS-1500 (02-12) form to fill in). NEW! Expanded coverage of ICD-10 prepares users to code ICD-10 with the planned effective date of October 2015.NEW! Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS-1500 (02-12) form to the electronic submissions process.NEW! SimChart for the Medical Office (SCMO) application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap."

The Electronic Health Record for the Physician's Office for SimChart for the Medical Office

Get real-life practice in insurance billing and coding! Corresponding to the chapters in Fordney's Insurance Handbook for the Medical Office, 12th Edition, this workbook provides realistic, hands-on exercises that help you apply concepts and develop important critical-thinking skills. Study tools include chapter overviews, key terms, chapter review exercises, and workbook assignments. A companion Evolve website includes patient simulations for additional practice in real-world billing. Online Student Software Challenge contains 10 patient cases that you can use to complete the CMS-1500 claim form. Performance objectives make learning easier by highlighting what you need to accomplish in each chapter. Key Terms and Key Abbreviations provide a quick reference to the health insurance terminology you need to know. Study outline focuses your review by listing key points for each chapter in the textbook. Self-study review exercises include matching, true/false, multiple-choice, and fill-in-the-blank questions to help you practice and remember important material. Critical-thinking assignments help you apply theory to practice, using short, real-world scenarios to prepare you for working in today's medical office. Evolve resources include the Student Software Challenge, self-assessment quizzes, and web links for further research and study. Updated content ensures that you review and practice using the latest guidelines and regulations for insurance billing and coding.

The seventh edition of Insurance in the Medical Office: From Patient to Payment emphasizes the medical billing cycle—ten steps that clearly identify all the components needed to successfully manage the medical insurance claims process. Studying this cycle shows how administrative medical assistants must first collect accurate patient information and then be familiar with the rules and guidelines of each health plan in order to submit proper documentation and follow up on payments. This ensures that offices receive maximum, appropriate reimbursement for services provided. Without an effective administrative staff, a medical office would have no cash flow! Insurance in the Medical Office is specifically targeted to Medical Assisting students and addresses the role they play in contributing to the financial success of the medical office.

INSURANCE HANDBOOK FOR THE MEDICAL OFFICE is a key text for medical administrative assisting, medical front office programs, or those who wish to become insurance billing specialists, claims assistance professionals, or electronic claims processors for physicians' practices and hospital outpatient clinics. Those already practicing in this area will also find this text beneficial, as will health claims examiner programs. The goal of this extremely up-to-date text is to increase efficiency and streamline administrative procedures for the most exasperating aspect of the doctor's office routine: insurance billing. This text offers guidance for all aspects of submitting, tracing, appealing, and transmitting claims for today's full range of health plans. Important coverage of diagnostic coding, procedural coding, office and insurance collection strategies,

Medicare, Managed Care, and more is presented. Additionally, a free CD-ROM featuring the HCFA-1500 claim form is included with the book. The CD-ROM contains 10 scored patient case studies with related insurance information so that the student can practice completing the HCFA-1500 claim form in a fun, interactive format. This edition of the Fordney text is full colour (and is the first text in this discipline to use this format). This full-color format will help the students identify each insurance payer with a specific color and icon, thus making the learning process more effective. The text has been updated to reflect recent changes in procedural coding for government programs and the private sector. Also in this edition, the text has been completely rewritten by the author to emphasize procedural (CPT and HCPCS) and diagnostic (ICD-9-CM) coding and documentation which are the keystones to obtaining maximum reimbursement.

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A basic guide to hospital billing and reimbursement, Understanding Hospital Billing and Coding, 3rd Edition helps you understand, complete, and submit the UB-04 claim form that is used for all Medicare and privately insured patients. It describes how hospitals are reimbursed for patient care and services, showing how the UB-04 claim form reflects the flow of patient data from the time of admission to the time of discharge. Written by coding expert Debra P. Ferenc, this book also ensures that you understand the essentials of ICD-10-CM and develop skills in both inpatient coding and outpatient/ambulatory surgery coding. UB-04 Claim Simulation on the companion Evolve website lets you practice entering information from source documents into the claim form. Over 300 illustrations and graphics bring important concepts to life. Detailed chapter objectives highlight what you are expected to learn. Key terms, acronyms, and abbreviations with definitions are included in each chapter. Concept Review boxes reinforce key concepts. Test Your Knowledge exercises reinforce lessons as you progress through the material. Chapter summaries review key concepts. Practice hospital cases let you apply concepts to real-life scenarios. UPDATED content reflects the most current industry changes in ICD-10, MR-DRGs, PPS Systems, and the Electronic Health Record. NEW Hospital Introduction chapter includes a department-by-department overview showing how today ' s hospitals really work NEW Health Care Payers and Reimbursement section follows the workflow of the hospital claim by including successive chapters on payers, prospect payment systems, and accounts receivable management.

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