

**The Bones Society of Florida and
The Florida Orthopaedic Society Presents...**

ICD-10 Coding Seminar

Friday July 10, 2015 ~ 9.30am to 5pm
Embassy Suites Orlando, Lake Buena Vista South
4955 Kyngs Heath Road, Kissimmee, FL, 34746,

To be presented by:
Lynn M. Anderanin, CPC, CPC-I, COSC, ICD10
AHIMA Approved ICD-10-CM Instructor
Sr. Director of Coding Education
Healthcare Information Services

For further information, please contact:
Florida Orthopaedic Society
1215 E. Robinson Street, Orlando, FL 32801 ~ Phone: (813) 948-8660; Fax: (813) 949-8994
Email: lencie@meyerresources.com

**2015 The Bones Society of Florida and
The Florida Orthopaedic Society**

**ICD-10 Coding Conference
Friday July 10, 2015
Embassy Suites Orlando, Lake Buena Vista South.**

Friday, July 10, 2015

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|---------------------|---|
| 9am – 9:30am | Exhibitor Set-Up |
| 9:30am | Registration & Exhibiting Opens |
| 10:00am – 12:00noon | <i>Introduction & General ICD10 Coding for Orthopaedics.</i> Lynn M. Anderanin, CPC, CPC-I, COSC, ICD10 AHIMA Approved ICD-10-CM Instructor Sr. Director of Coding Education Healthcare Information Services |
| 12:00noon– 1:00pm | <i>External Causes for ICD-10 Similarities & differences in ICD-10 to ICD-9 for this coding</i> Lynn M. Anderanin, CPC, CPC-I, COSC, ICD10 AHIMA-Approved ICD-10-CM Trainer |
| 1:00pm – 1:45pm | Lunch with the Exhibitors |
| 1:45pm – 2:45pm | <i>Improving Orthopaedic Documentation ICD-10</i> Lynn M. Anderanin, CPC, CPC-I, COSC, ICD10 AHIMA-Approved ICD-10-CM Trainer |
| 2:45pm – 3:00pm | Break with Exhibitors |
| 3:00pm – 4:00pm | <i>Case Studies in Orthopaedics</i> Lynn M. Anderanin, CPC, CPC-I, COSC, ICD10 AHIMA-Approved ICD-10-CM Trainer |
| 4:00pm – 5:00pm | <i>Question & Answers</i> Bring your questions and lets talk them through |

Adjourn

Registration Form
Please Fax to (813) 949-8994

2015 FOS & BSOF ICD-10 Coding Conference
July 10, 2015 at the Embassy Suites Orlando, Lake Buena Vista South

BSOF/FOS Member Name: _____

Non - Member Name: _____

Practice Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ Medical License #
(if applicable) _____

Email Address: _____

_____ # of BSOF/FOS Member (\$150 each) _____ # of BSOF / FOS Member's Staff (\$200 each)

_____ # of Non- Members (\$300 each) _____ Total Number of Attendees

**** Please note that a \$50 surcharge will apply to all registrations received after July 8, 2015**

***** Any cancellations after June 10, 2015 will incur a \$50 cancellation fee.**

Name of Attendees: _____

\$ _____ TOTAL CHECK Dietary Requirements _____

Please make check payable to : **Florida Orthopaedic Society, 1215 E Robinson St, Orlando, FL 32801.**
Tel: 813-948-8660 Fax: 813-949-8994

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| <p>I hereby authorize the following amount to be charged to my credit card. Amount: _____</p> <p>Card #: _____ (AMEX, Visa or MasterCard)</p> <p>Security Code or CIN Number: _____ Expiration Date: _____ Billing Zip Code: _____</p> <p>Name as it appears on card: _____</p> <p>Billing Address _____</p> <p>_____</p> |
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