

Auditing Chiropractic Records for Compliance CEU Package

- All CEUs for CHASM/ CIFHASM/ CMDPSM/ COCASSM/ CORCMSM (CHBSSM/CHCMSM)/ ICDCT-CMSM/ OHCCSM
- All Ethics & HIPAA CEUs for Any Credential

GOT CEUs?

For AIHC Members Only - Price: \$70

The short courses below are bundled at a special price and designed to satisfy all CEUs needed for our members to maintain CHASM, CIFHASM, CMDPSM, COCASSM, CORCMSM (CHBSSM, CHCMSM), ICDCT-CMSM and OHCCSM credentials (one or all these credentials). All courses are now on [one page](#) for quick and easy access to complete your Continuing Education Units for your next credential renewal AND your CEUs automatically populate into your CEU tracker for you.

Auditing Chiropractic Records for Compliance

- This short course addresses why auditing and investigating chiropractic claims is important, how to conduct these audits and investigations, diagnosis documentation requirements, and auditing the initial evaluation and subsequent chiropractic visits.

Ethics and HIPAA Basics

- Learn how to develop a culture demonstrating ethical behavior to help increase the confidentiality, privacy, and security of patient information. Includes Code of Conduct and key management tools.

How to Register

Register Online – Return to the Enrollment Page and Pay via Credit Card!



We accept online registration payment via credit card.




Register Via Mail or Fax:

Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

Refund Policy

View the Refund Policy Posted on the Home Page of our Website www.aihc.assn.org

Auditing Chiropractic Records for Compliance CEU Renewal Package HARDCOPY REGISTRATION FORM

Enrollment Date:	<h2 style="margin: 0;">Bundled for Only \$70</h2> <ul style="list-style-type: none"> ✓ Auditing Chiropractic Records for Compliance ✓ Ethics and HIPAA Basics
Name & Credentials:	
Home Address:	
Employer Name & Address:	
Work Phone Number: Alternate or Cell Phone Number:	
<i>(For website administration and registration confirmation)</i> Primary Email Address: Alternate Email Address:	
Credit Card Payment Information: <div style="display: flex; justify-content: center; align-items: center; gap: 20px; margin: 5px 0;">    </div> <div style="display: flex; justify-content: center; align-items: center; gap: 20px; margin: 5px 0;"> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover </div> <p style="margin: 5px 0;">Amount Approved on this Credit Card: <input type="checkbox"/> \$70 AIHC Fax Number: (330) 952-0716</p> <p style="margin: 5px 0;">Card Number: _____</p> <p style="margin: 5px 0;">Security Code: _____ Expiration Date: _____</p> <p style="margin: 5px 0;">Billing Address for this Card: _____</p> <p style="margin: 5px 0;">Name As It Appears on this Card: _____</p> <p style="margin: 5px 0;">Authorized Signature & Date: _____</p> <div style="text-align: center; margin: 20px 0;"> <p>Paying by corporate check? Pay \$70</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address: 3637 Medina Road – Suite 15, Medina, Ohio 44256</p> </div>	