

CMDP CEU Package

For CMDP Credentialed Members

GOT CEUs?

For AIHC Members Only - Price: \$50

Earn all 6 required CEUs needed for your next renewal!

The relevant topics below are bundled at a special price and designed to satisfy all CEUs needed for our members to maintain their CMDPSM credential. Enjoy quick and easy access to complete your Continuing Education Units for your next credential renewal AND your CEUs will automatically populate into your CEU tracker for you.

Quality, Documentation and AI

- Adverse events; Challenges of AI; AI and Privacy; AI & the White House

Importance of Documenting & Coding the Patient's Condition

- Medical Necessity; Review of ICD-10-CM; Tabular Notations; Code Assignment

Concept of Time, Documentation and Levels of Service for E/M

- Documentation of time; Split/Shared Visits; Prolonged Services; Discharge Management; Critical Care Visits

Medical Decision-Making for E/M

- Complexity; MDM table; MDM Terms & Definitions

E/M Coding

- Office/Outpatient Visits; Emergency Department; Inpatient/Observation; Discharge Services; Consultations

How to Register

Register Online – Return to the Enrollment Page and Pay 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 & Financial Policies

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

CMDP CEU Renewal Package HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3 style="margin: 0;">Bundled for \$50</h3> <ul style="list-style-type: none"> ✓ Quality, Documentation and AI ✓ Importance of Documenting & Coding the Patient's Condition ✓ Concept of Time, Documentation & Levels of Service for E/M ✓ Medical Decision-Making for E/M ✓ E/M Coding
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-top: 5px;">    </div> <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover </div>	
Amount Approved on this Credit Card: <input type="checkbox"/> \$50 AIHC Fax Number: (330) 952-0716	
Card Number: _____	
Security Code: _____ Expiration Date: _____	
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<p>Paying by corporate check? Pay \$50</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address: 3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	