

CORCM CEU Package

For Certified Outpatient Revenue Cycle Managers

GOT CEUs?

For AIHC Members Only - Price: \$65

Earn all 6 required CEUs needed for your next renewal!

The elements below are bundled at a special price. All information is on *one course page* for quick and easy access to complete your Continuing Education Units for your next credential renewal.

This package includes:

- **Resolving Credit Balances to Mitigate Financial & Legal Risk**
- **An Overview of the No Surprises Act (NSA)**
- **Consumer Protections and Surprise Billing Situations**
- **How No Surprises and Private Health Insurance Billing Works**
- **The Independent Dispute Resolution (IDR) Process**
- **Emergency Medical Treatment & Active Labor Act**
- **EMTALA Enforcement**
- **HIPAA Security Considerations**

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 & Financial Policies:

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

CORCM Annual CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3 style="text-align: center; margin: 0;">Bundled for Only \$65</h3> <ul style="list-style-type: none"> ✓ Resolving Credit Balances to Mitigate Financial & Legal Risks ✓ An Overview of the No Surprises Act (NSA) ✓ Consumer Protections and Surprise Billing Situations ✓ How No Surprises and Private Health Insurance Billing Works ✓ The Independent Dispute Resolution (IDR) Process ✓ Emergency Medical Treatment & Active Labor Act ✓ EMTALA Enforcement ✓ HIPAA Security Considerations
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="display: flex; justify-content: center; align-items: center; gap: 20px; 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"/> \$65 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 \$65</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address:</p> <p>3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	