

"What Every Dentist Needs to Know"

DATE: Thursday, February 22, 2007 **COST:** Complimentary (\$0)

TIME: 1:00 PM – 2:00 PM Eastern Time 11:00 AM – 12:00 PM Mountain Time 8:00 AM – 9:00 AM Hawaii Time
12:00 PM – 1:00 PM Central Time 10:00 AM – 11:00 AM Pacific Time

DIAL-IN: (605) 772-3434, Access Code: 661-708-271 **ONLINE:** www.GoToMeeting.com; Meeting ID: 269-570-896

HOW: Just join our webinar from any location using the info above. If you don't have access to the Internet, join our call to listen! Remember—only registered users will receive a copy of the presentation and CEU credits, so register today!

FORMAT: A 1-hour program focused on answering common NPI questions for Dental Providers. The session will cover how to get your NPI, why you need to get an NPI, and allow you to ask questions of our qualified panel of experts.

About half of the seminar is devoted to showing you how to apply for your NPI including short presentations from our panel members to provide a dental perspective on the impact of NPI across the dental industry. The remainder of the session will be allotted for answering common questions. The last 15 minutes of the session will be devoted to answering your questions.

WHAT WILL BE DISCUSSED: What is NPI? Why is it important?
Why is it required? How do I get it?
What do I do once I get an NPI?

1 CEU
Credit

MODERATOR: Sheila A. Strock, D.M.D., M.P.H., Dental Policy Officer, Delta Dental of CA

PANELISTS: Patricia Peyton, Health Insurance Specialist, Centers for Medicaid & Medicare (CMS)
Jean Narcisi, Director of Informatics, American Dental Association
Amy Hoelscher, e-Business Sales Manager, Patterson, EagleSoft
Karen Gustin, Vice President, Group Marketing & Managed Care, Ameritas Life Insurance Corp.
Jordan Firfer, J.D., Director of Product Management, Emdeon Business Services

WHO SHOULD ATTEND

Dentists
Provider Office Managers
Consultants
Health Care Vendors
Insurance Plans
Customer Service Reps
Clearinghouses

In order to receive materials from event, and to receive CEU Credit, you MUST register by completing the form below

CONTACT NAME: _____ **NUMBER OF ATTENDEES:** _____

TITLE OF CONTACT: _____ **EMAIL OF CONTACT:** _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ **FAX:** _____

☐ Please do not contact me in the future about other NDEDIC sponsored events



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