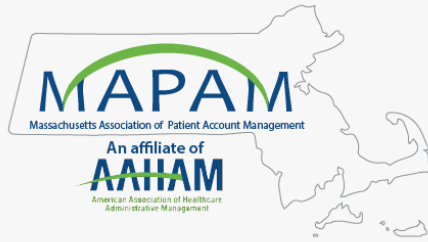




# 2018 MAPAM Fall Conference

Request for Presentations

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## *Request for Presentations*

Since its inception in 1975, MAPAM has been a valuable source of education and information to thousands of patient financial services professionals across the Commonwealth. The success of the organization has been built upon members who are willing to share their knowledge and experiences to help others.

In that spirit, we are now accepting proposals to speak at the 2018 MAPAM Fall Conference.

This year's conference will cover all stages of the revenue cycle, with a particular concentration on areas that impact the patient experience. Your knowledge and expertise are in high demand and we would greatly appreciate you sharing those gifts with the MAPAM Membership. By speaking, you will have a unique opportunity to impact individuals driven to improve themselves, their workplaces, MAPAM, and the patient financial services industry throughout the region.

The 2018 Fall Conference will be held on October 22<sup>nd</sup> and 23<sup>rd</sup> at the Red Jacket Beach Resort in South Yarmouth, Massachusetts.

Suggested topics to be covered include, but are not limited to, the following:

- Revenue Cycle Management
- Education and Training
- Access, Quality Management
- Compliance
- Credit and Collections
- Human Resources
- Legal, Managed Care
- Leadership/Professional Development
- Physicians/Clinics
- Case Management/Denials

If you have expertise in an area you feel might be interesting to the MAPAM Membership, please consider speaking at the 2018 Fall Conference. Guidelines for presentations include:

- Sessions range from 60 minutes to 90 minutes including question & answer periods
- All proposals must be submitted via email
- Presentation materials are required (PowerPoint, PDFs, etc.) to assist the committee in making an informed decision
- Presenter agrees to submit their handouts in Word or PowerPoint format by stated deadlines in order to be distributed to attendees.
- Presenter will present only educational information. This session may **not** be used to promote or sell a product or service.
- **Presenter is entitled to one complimentary, non-transferable conference registration. Speaker fees and expenses are not included nor covered by MAPAM.**
- For more information contact Will Coz 617-426-6300

**Deadline for submission: May 31, 2018**



## *Speaker's Proposal*

*PLEASE ANSWER ALL QUESTIONS*

Speaker's Name(s): \_\_\_\_\_

Certification Designations, Titles, etc.: \_\_\_\_\_

**\*If you have more than one speaker, please include their contact information and biography, etc. separately.**

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Session Title:**

What is the title of your presentation? \_\_\_\_\_

**Session Description:**

Please provide a clear description of your session. The selection committee is looking for a description that accurately defines the content of your program. The program title should also directly reflect the program's content. Please make sure the title of your session matches its description and vice versa.

**Biography:**

Please provide a brief biography of each speaker

**Learning Outcomes:**

Describe at least four (4) educational outcomes attendees will take away from your program.

**Relevance to Attendees:**

Please state why is this session is relevant to the MAPAM audience.

**Type of presentation:**

Lecture  Audience Participation  other (explain)

**Which subject area does your topic apply to? (Please circle only one)**

Patient Access  
Quality Management  
Compliance  
Leadership/Professional Development  
Billing / Account Management  
Specialty Area (please describe)

**Level of Presentation: (Please circle only one)**

Basic  
Intermediate  
Advanced

**References:**

Please provide at least two (2) speaking references:

Name of Organization:

Contact Person:

Email:

Phone:

Name of Organization:

Contact Person:

Email:

Phone:

**Please submit your outline or entire presentation in Word or PowerPoint format with this application.**

Please send responses and materials to:  
Will Coz, MAPAM Education Chair  
[Will.Coz@addisongroup.com](mailto:Will.Coz@addisongroup.com)