In-Service Training for Marketers

A 90-Minute Lunch & Learn Audio Conference

by

Elizabeth E. Hogue, Esq.

Wednesday, May 17, 2023
****1:00 p.m. to 2:30 p.m. Eastern Time****

Encore: May 24, 2023 (Recorded playback available for 24 hours)

Option to Purchase Recording & Handouts

Audio-Conference Description
Fraud enforcers continue to go after marketers and their employers, plain and simple! Knowledge is often the key to avoiding dire consequences. Marketers for home health agencies, hospices, HME companies and private duty agencies must understand what is allowed and what isn’t. The stakes are high and providers must get it right! The purpose of this teleconference is to provide in-service education about current requirements governing activities of marketers, their managers, and owners. What do providers need to know about the federal anti-kickback statute and Stark? What can providers give to referral sources, including discharge planners? What about lunches for doctors? How much is too much? Gather your marketing staff together for this in-depth educational session so marketers don’t compromise your business. Questions will be welcome and extensive handouts will be provided.

About the Speaker:
Elizabeth Hogue is an attorney in private practice with extensive experience in health care. Prior to becoming an attorney, she was employed as a personnel manager by a Blue Cross-Blue Shield Plan. She studied at the University of Maryland School of Law, concentrating in health law, and gained considerable clinical experience, course work, and employment experience in this area. Following her admission to the Bar, she developed an active practice in health law. She represents clients all over the country. Her clients are professional associations, managed care providers, and institutional health care providers; including hospitals, long-term care facilities, home health agencies, private duty agencies, durable medical equipment companies, and hospices. Ms. Hogue gives numerous presentations each year on health-related topics. Her articles are regularly included in trade association publications and other journals. She is a Fellow of the American Health Law Association.

This is how it works:
Complete the attached Registration Form for your organization and return to Elizabeth Hogue. Registered locations will receive an email confirmation two days prior to the teleconference with dial-in information and handout materials and/or resources. On the day of the conference, simply join the call by dialing the toll-free number and giving your organization name and conference ID number. Gather your staff and listen via speakerphone to the presentation, following along with the handouts.

PLEASE NOTE: Registration fees are based on each dial-in connection; multiple call-ins from your organization will be charged. We are unable to accommodate more than one organization per call-in.

REGISTER TODAY!
Save time and travel costs.
Include all staff members who will benefit from this program!

Elizabeth E. Hogue, Esq.
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ElizabethHogue@ElizabethHogue.net
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THREE SIMPLE WAYS TO REGISTER
BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW:

1. E-mail this completed form to: ElizabethHogue@ElizabethHogue.net
2. Fax completed form to: (877) 871-9739
3. Mail completed form to: Registration, 107 Guilford Drive, Summerville, SC 29483-5583

Name of Organization: ____________________________________________

Contact Person: ________________________________________________

Address: ______________________________________________________

City/State/Zip Code: ____________________________________________

Phone: ________________________________________________________

E-mail (required field): _________________________________________

Registration Fees

This fee includes one dial-in connection. Additional fees will be charged for multiple dial-ins. There are no refunds.

- [ ] 5/17/23 – $125 per call-in
- [ ] 5/24/23 Encore Date – $125 per call-in
- [ ] .mp3 recording & handouts only – $125

PAYMENT METHOD

- [ ] Check (payable to Elizabeth E. Hogue, Esq.)
- [ ] VISA
- [ ] MasterCard
- [ ] American Express

Cardholder’s name (print) ____________________________________________

Card Number ____________________________________________ Exp. Date __________

Signature ______________________________________________________

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