

Registration Form

Sundancer Solutions Medicare Like Rate Training and Refresher Course June 19th-22nd, 2018

A JOURNEY OF A 1000 MILES BEGINS WITH ONE STEP FORWARD

Hampton Inn 1500 Riverstone Drive Coeur d'Alene, ID 83814 (208) 769-7900

Postion/Title: Tribe/Organization: Preferred Mailing Address: City: State/Province: Fax:	Full Name:		
Tribe/Organization: Preferred Mailing Address: City: State/Province: Fax: State/Province: State/P	Position/Title:		
City:	Tribe/Organization:		
City:	Preferred Mailing Address:		
Registration Fees (All fees listed in U.S. Funds.) PLEASE CHECK APPROPRIATE REGISTRATION FEE: First Time Attendees Attending for a Refresher Course Special Discount for Attendees where 4 or more attendees from one office/tribe REGISTRATION and PAYMENT DUE DATE: May 20th, 2018 TOTAL DUE \$ Indicate area of interest: CHS Training MLR Training MLR PRODIGY – Software OTHER Please list any ADA Special Needs: Cancellations/Changes and Refunds: Fees for missed trainings, late arrivals, and early departures will not be refunded. If registration is paid by credit card and then registration is cancelled; a 3.7% fee will be assessed as this is the fee charged by Merchant Services. Substitution employee attendees are allowed at no additional charge in lieu of cancellation. There must be at least 5 people enrolled in the class or the class will be rescheduled. PAYMENT METHOD: Check or Money Order must be in U.S. funds payable to: Sundancer Solutions. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be emailed. Please check appropriate box: Check of Money Order Order Credit Card If Paying by Credit Card: Name as it appears on the credit Card: Expiration Date: 3 Digit Code from back of card: Special Date: 3 Digit Code from back of card: Special Date: 3 Digit Code from back of card: Special Date: 3 Digit Code from back of card: Special Date: Special Date	City:	State/Province:	Zip/Postal Code:
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Sundancer Solutions

P.O. Box 0977

Hayden, Idaho

83835-0977

Email: <u>sundancer.solutions@yahoo.com</u>

(208)561-5161

Phone: (208)681-5295

FAX:

- Required to bring to training:
 1- UB04 claims and EOB's both (inpatient and outpatient) bring as many as you can. Anesthesia claims also they are on HCFA 1500's.
- 2- A laptop computer that has internet access or wireless capabilities and has Microsoft Excel. Call if this is an issue: 208-681-5295.
- 3- A jump drive, I will be downloading information on it from my computer to plug and play into your work computer.

Please mail or fax completed registration form with payment to:

- 4- A calculator (preferably a 10 key if you have one.)
- 5- Two red pens, a ruler, and other writing instruments.
- 6- HCFA 1500. These are PRO FEES
- 7- Most of all; bring your thirst for knowledge as we will cover a great amount of detail and information in those 4 short days.