



Registration Form
Sundancer Solutions Medicare Like Rate Training and Refresher Course
June 4th-7th, 2019

**A JOURNEY OF A 1000 MILES
BEGINS WITH ONE STEP FORWARD**

Northern Quest Resort & Casino*
100 North Hayford Road
Airway Heights, WA 99001
1-866-784-6392

Full Name: _____
Position/Title: _____
Tribe/Organization: _____
Preferred Mailing Address: _____
City: _____ **State/Province:** _____ **Zip/Postal Code:** _____
Telephone: (_____) _____ Fax: (_____) _____
Email: _____

Registration Fees (All fees listed in U.S. Funds.)

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

| | | | |
|--------------------------------------------------------------------------------|--------------------------|----------|------|
| First Time Attendees | <input type="checkbox"/> | \$899.00 | each |
| Attending for a Refresher Course | <input type="checkbox"/> | \$899.00 | each |
| Special Discount for Attendees where 4 or more attendees from one office/tribe | <input type="checkbox"/> | \$799.00 | each |

REGISTRATION and PAYMENT DUE DATE: May 17,2019 **TOTAL DUE \$** _____

Indicate area of interest:

PRC/CHS Training
 MLR Training
 MLRPRODIGY – Software
 OTHER _____

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 a minimum of 10 attendees for 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 Money Order Credit Card

If Paying by Credit Card:

Name as it appears on the credit card: _____

Credit Card Number: _____

Expiration Date: _____ 3 Digit Code from back of card: _____

Email Address where receipt should be sent: _____

Please mail, email or fax completed registration form with payment to:

Phone: (208)681-5295

FAX: (208)561-5161

Email: sundancer.solutions@yahoo.com

Sundancer Solutions

P.O. Box 0977

Hayden, Idaho

83835-0977

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 me 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.
- 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 but feel free to bring some but our main focus in on Inpatient 111 or outpatient 131 UB04 Claims.
- 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.

***There is a group room rate available. Reserve your guest room quickly to ensure room availability with the rate. Please advise the Reservation Assistant that you are reserving under the rate for Sundancer Solutions.**