



Registration Form
Sundancer Solutions Medicare Like Rate Training and Refresher Course
August 25th – 28th, 2020

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

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

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"/> | \$799.00 | each |
| Attending for a Refresher Course | <input type="checkbox"/> | \$799.00 | each |
| Special Discount for Attendees where 4 or more attendees from one office/tribe | <input type="checkbox"/> | \$699.00 | each |

REGISTRATION and PAYMENT DUE DATE: July 17, 2020 **TOTAL DUE \$** _____

Indicate area of interest:

- PRC/CHS Training
 MLR Training
 MLRPRODIGY – 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. A minimum of 10 attendees are required or class will be cancelled and/or 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 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.