



**Registration Form**  
**Sundancer Solutions Medicare Like Rate Training and**  
**Refresher Course**  
**May 5<sup>TH</sup>-8<sup>TH</sup>, 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:** March 31, 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](mailto: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.