



Iowa Association for Home Care (IAHC) EXAM REGISTRATION FORM

HOME CARE CODING SPECIALIST (HCS-D)

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination on October 1, 2010 at 10:00 a.m.

_____ I am an IAHC member. My registration fee is \$229.00

_____ I am not an IAHC member. The standard registration fee is \$249.00

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on October 1, 2010 at 10:00 a.m. (**Open to HCS-D credential holders due for recertification**)

_____ The standard registration fee is \$129.00 (Discount not available for IAHC members)

I want to take the HCS-D exam at my office location after the conference. I understand that I must submit a Proctor Nomination Form and agree to follow the BMSC Individual Proctoring Protocol (IPP). *Forms may be downloaded at: www.medicalspecialtycoding.com.*

CANDIDATE INFORMATION

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

PAYMENT INFORMATION

Credit Card VISA MC AMEX

Card #: _____ Expiration _____

Cardholder: _____ Signature _____

Check enclosed Payable to Registrar, BMSC (TIN 52-2205881)

Fax (301) 287-2914 ▪ **Call** (800) 897-4509 ▪ **Mail** BMSC, 9737 Washingtonian Blvd, Ste 100, Gaithersburg, MD 20878-7364