



Maryland National Capital Homecare Association (MNCHA)

EXAM REGISTRATION FORM

HOME CARE CODING SPECIALIST (HCS-D)

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination on September 30 2010.

_____ I am a MNCHA member. The Registration fee is \$229

_____ I am not a MNCHA member. The registration fee is \$249.00.

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on September 30 2010. (**Open to HCS-D credential holders due for recertification**).

_____ MNCHA members and nonmembers. The registration fee is \$129.00.

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 Attn Registrar BMSC, 9737 Washingtonian Blvd, Ste 100, Gaithersburg, MD 20878