



# Indiana Association for Home and Hospice Care (IAHHC) EXAM REGISTRATION FORM

## HOME CARE CODING SPECIALIST (HCS-D)

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination on September 24, 2010

\_\_\_\_\_ I am an IAHHC member. My registration fee is \$229.00

\_\_\_\_\_ I am not an IAHHC member. The standard registration fee is \$249.00

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on September 24, 2010 (**Only open to HCS-D Credential holders due for recertification**)

\_\_\_\_\_ The standard registration fee is \$129.00 (discount not available to IAHHC 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](http://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**