



Exam Registration Form

For the

HOME CARE CODING SPECIALIST (HCS-D) EXAMINATION

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) examination Sponsored by A.D. Maxim Seminars, LLC in Miami FL, on August 31th, 2010

_____ I am taking the HCS-D Certification Examination. My registration fee is **\$249.00**

_____ I am taking the HCS-D Recertification Examination. (Open to existing HCS-D credential holders due for recertification) My 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:* <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** Attn Registrar BMSC, 9737 Washingtonian Blvd, Ste 100, Gaithersburg, MD 20878