



# ICD-9 Coding In Homecare Presented by Sharon Molinari Exam Registration Form

## For the **HOME CARE CODING SPECIALIST (HCS-D) EXAMINATION**

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) examination on November 5, 2010 in Las Vegas, NV.

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

\_\_\_\_\_ I am taking the HCS-D Recertification Examination. (Open to 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: \_\_\_\_\_  
As you would like it to appear on your certificate

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ 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 opt1**  
▪ **Mail** Attn Registrar BMSC, 9737 Washingtonian Blvd, Ste 100, Gaithersburg, MD 20878