

Partnering for Quality in 2009

2009 Regulatory & Reimbursement Conference Calls

The regulatory and reimbursement conference calls with the Indiana State Department of Health and the Indiana Family and Social Services Administration will continue on a quarterly basis. Calls are \$90 per site per call. Registrations and questions for ISDH and FSSA must be received no later than two weeks prior to the call. Registrations received after due dates are subject to a \$15 late fee.

Provider & Primary Contact Information\*

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

Primary Contact Name, Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\* All fields required

Please indicate the calls and dates you wish to participate in with a [X]. Registration due dates are in parenthesis. All calls will take place from 2:00 pm to 4:00 pm Eastern Standard Time.

[ ] March 4 (Due Feb 18) [ ] June 3 (Due June 20) [ ] September 2 (Due August 19) [ ] Dec 2 (Due Nov 18)

Questions/Topics (Please attach additional pages if necessary. Print clearly.)

Multiple horizontal lines for writing questions/topics.

Payable by check or credit card, via fax or mail. Use check memo: ISDH/FSSA Conference Call- Education

Number of Calls: \_\_\_\_\_ Additional Sites: \_\_\_\_\_ Amount: \_\_\_\_\_

[ ] Visa [ ] MasterCard Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name/Organization as shown on card: \_\_\_\_\_

Billing Address for credit card (if different from above): \_\_\_\_\_

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

Signature \_\_\_\_\_

Indiana Hospice and Palliative Care Organization
445 N. Pennsylvania St., Suite 910, Indianapolis, IN 46204
Phone: 317-464-5145
Fax: 317-464-5146

Cancellation Policy: If cancellation is made more than 7 days prior to the program a refund of 50% will be honored. If it is made less than 7 days prior to the program NO refund will be given.