

## Registration Form for Basic Medicaid Billing Seminars

**Basic Medicaid Billing**  
**April 2011 Seminar Registration Form**  
*(No Fee)*

Provider Name and Discipline \_\_\_\_\_

Medicaid Provider Number \_\_\_\_\_ NPI Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number \_\_\_\_\_

**1** or **2** person (s) will attend the **morning** session:  
(circle one)

General Session, 9:00 a.m. to 12:00 a.m.

**1** or **2** person (s) will attend the **afternoon** session (**select only one session**):  
(circle one)

Professional Billing, 1:00 p.m. to 4:00 p.m.

Institutional Billing, 1:00 p.m. to 4:00 p.m.

Dental/Pharmacy Billing, 1:00 p.m. to 4:00 p.m.

Please indicate seminar location and date:

Asheville, April 6, 2011

Greensboro, April 12, 2011

New Bern, April 14, 2011

Raleigh, April 19, 2011

Charlotte, April 27, 2011

**Please fax completed form to: 919-851-4014**

**Please mail completed form to:**

**HP Provider Services**

**P.O. Box 300009**

**Raleigh, NC 27622**

**Or register online by utilizing the link available within the bulletin**