



# Michigan Home Health Association (MHHA) EXAM REGISTRATION FORM

## HOME CARE CODING SPECIALIST (HCS-D)

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination on October 26, 2007.

\_\_\_\_\_ I am a MHHA member. My registration fee is \$229.00

\_\_\_\_\_ I am not a MHHA member. The standard registration fee is \$249.00

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on October 26, 2007. **(Only open to those individuals who became HCS-D certified in 2005)**

\_\_\_\_\_ I am a MHHA member. My registration fee is \$109.00

\_\_\_\_\_ I am not a MHHA member. The standard 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: [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, 11300 Rockville Pike, Ste.1100, Rockville, MD 20852-3030**