



Home Care Association of New York State (HCANYS) EXAM REGISTRATION FORM

HOME CARE CODING SPECIALIST (HCS-D)

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination on November 9, 2007.

_____ I am an HCANYS member. My registration fee is \$229.00

_____ I am not an HCANYS member. The standard registration fee is \$249.00

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on November 9, 2007. **(Only open to those individuals who became HCS-D certified in 2005)**

_____ I am an HCANYS member. My registration fee is \$109.00

_____ I am not an HCANYS 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.*

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

www.medicalspecialtycoding.com

Conference Code: NY 11-09-07