



**New Mexico Association for Home and Hospice Care (NMAHHC)**

**EXAM REGISTRATION FORM**

**HOME CARE CODING SPECIALIST (HCS-D)**

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination September 16, 2010 Albuquerque, NM

\_\_\_\_\_ I am an NMAHHC member. My registration fee is \$229.00

\_\_\_\_\_ I am not an NMAHHC member. The standard registration fee is \$249.00

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on September 16, 2010 Albuquerque, NM (**Open to existing HCS-D credential holders due for recertification**)

\_\_\_\_\_ The standard registration fee is \$129.00 (Discount not available for NMAHHC members)

I want to take the HCS-D exam **ONLINE** 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, 9737 Washingtonian Blvd., Ste 100, Gaithersburg, MD 20878-7364**