

## Starting Urgent Care Business with Confidence

**February 11, 2015** | 12:00 PM CT (90 min.) | earn 1.2 CCB CEUs\*

12:00 PM Central / 1:00 PM Eastern / 11:00 AM Mountain / 10:00 AM Pacific / 9:00 AM Alaska / 8:00 AM Hawaii-Aleutian

**QUESTIONS:** [liz.hergert@corporatecompliance.org](mailto:liz.hergert@corporatecompliance.org)



**OLGA KHABINSKAY**, COO, WCH  
Service Bureau, Inc.

- Urgent care requirements: space, staff, hours of operations, staff, certification requirements
- Credentialing with payers: challenges, time frames, site visit, rates, carved out codes, recognition of payers
- Primary vs urgent care model and services
- Billing Requirements – codes, EHR, knowledge of policies, eligibility



**REGISTER ONLINE AT**  
[www.hcca-info.org](http://www.hcca-info.org)

Receive 1.2 CCB credits\*  
per 90-minute conference



*\*subject to change depending on  
length of web conference content*

# An HCCA Web Conference

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| Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence.       | MEMBERS | NON-MEMBERS | SUBSCRIPTION*            | SUBTOTAL |
|--|---------|-------------|--------------------------|----------|
| <input type="checkbox"/> Live program  | \$99    | \$119       | <input type="checkbox"/> |          |
| <input type="checkbox"/> CD-ROM post-session recording   | \$99    | \$119       | <input type="checkbox"/> |          |
| <input type="checkbox"/> BOTH live program and CD-ROM post-session recording (just \$60 extra)                                   | \$159   | \$179       | <input type="checkbox"/> |          |
| <input type="checkbox"/> <b>Join HCCA!</b> Non-members, add \$200 to join HCCA, and receive member rates! (regularly \$295/year) |         | \$200       |                          |          |
|  |         |             | <b>TOTAL</b>             |          |

\*One session will be deducted from your prepaid subscription package for each option chosen. If you choose the live event + CD Recording, two sessions will be deducted. Visit [www.hcca-info.org/subscribe](http://www.hcca-info.org/subscribe) for more information.

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### CONTACT INFORMATION (PLEASE TYPE OR PRINT)

Mr.  Mrs.  Ms.  Dr.

HCCA Member ID

First Name M.I. Last Name

Title

Place of Employment

Street Address (NO PO BOX NUMBERS)

City State Zip

Telephone

Fax

Email (required for registration confirmation)

Assistant's Email (registration and dial-in information will be copied to this email)

## REGISTER ONLINE AT [www.hcca-info.org](http://www.hcca-info.org)

NO AUDIO OR VIDEO RECORDING OF HCCA CONFERENCES IS ALLOWED.

Health Care Compliance Association  
6500 Barrie Road, Suite 250, Minneapolis, MN 55435  
888-580-8373 (p) | 952-988-0146 (f)  
[www.hcca-info.org](http://www.hcca-info.org) | [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org)



**HCCAnet**<sup>®</sup>  
[hcca-info.org/hccanet](http://hcca-info.org/hccanet)

### PAYMENT OPTIONS

Check enclosed

Invoice me | Purchase Order Number \_\_\_\_\_

I authorize HCCA to charge my credit card (choose below)

Due to PCI Compliance, please **do not provide any credit card information via email**. You may email this form (without credit card information) and call HCCA at 888-580-8373 or 952-988-0141 with your credit card information.

CREDIT CARD:  American Express  MasterCard  Visa  Discover

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

### SEND YOUR REGISTRATION

**ONLINE:** [www.hcca-info.org](http://www.hcca-info.org)

**FAX:** 952-988-0146

**MAIL:** HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

**PAYMENT TERMS** The cost of registration includes dial-in information for one line. Each additional line requires additional registration fee payment. Please enclose payment with your registration and return it to the HCCA office at the above address, or fax your credit card payment to 952-988-0146. CD-ROM orders are shipped free via FedEx Ground within the continental U.S. If your total is miscalculated, HCCA will charge your card the correct amount. Federal Tax ID: 23-2882664.

**CANCELLATIONS/SUBSTITUTIONS** You may send a substitute in your place or request a conference credit. Conference credits are issued in the full amount of the registration fees paid and are good for 12 months from the date of the cancelled event. Conference credits may be used toward any HCCA service. If you need to cancel your participation, notify us prior to the start date of the event by email at [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org) or by fax at +1 952 988 0146. If you are sending a substitute, an additional fee may apply.