

A Morning with Medi-Cal Billing and Follow Up Workshop

Tuesday, August 31, 2010

9:00 am - 12:00 pm

El Camino Hospital

2500 Grant Road, Mountain View, CA



Is your staff complaining about their Medi-Cal denials? Are they having difficulty getting “clean claims” out the door? Do they wish they could talk to someone knowledgeable face to face about their problem claims?

Come join us for a Medi-Cal billing and follow up workshop geared to the staff that handles your Medi-Cal issues. It's time for management to stay back and send their Medi-Cal billing/follow up representatives for a ***Morning with Medi-Cal***. It's a good time to get those answers and network with fellow neighboring hospitals that are most likely having the same issues.

Susan Volmer from the ***Medi-Cal Provider Relations Organization, HP Enterprise Services***, will be joining us for a 3-hour workshop. She has attended previous HFMA Road Shows and brings with her a wealth of knowledge regarding Medi-Cal billing and follow up.

Space is limited so register now to reserve your space. Fill out the registration form or register online at www.hfma-nca.org.

Registration Fee:

HFMA Members - FREE

Non-Members - \$10.00 per person

Group Discounts:

5 or more from the same facility - 20% discount

10 or more from the same facility - 40% discount



Northern California HFMA
4101-F Dublin Blvd., #320
Dublin, CA 94568
Phone: (925) 828-4532
Fax: (925) 828-4538

REGISTRATION FORM

A Morning with Medi-Cal
Tuesday, August 31, 2010

REGISTRATION FEES:
HFMA Members: FREE
Non-Members: \$10 per person
Group of 5 or more - 20% discount
Group of 10 or more - 40% discount

Please complete this form and return by mail or fax with your payment information.
You may also register online at www.hfma-nca.org.

Full Name	HFMA Member #		
Title	Company/Organization		
Email Address	Daytime phone Number		
Address	City	State	Zip

ADDITIONAL ATTENDEES

Full Name	Title	Email Address
Full Name	Title	Email Address
Full Name	Title	Email Address
Full Name	Title	Email Address

Is there a specific issue that you'd like to be addressed or question/s that you want answered at this workshop?
Please write your issue or question here or email to: office@hfma-nca.org

PAYMENT INFORMATION

Payment sent by mail. Check payable to HFMA Northern California in the amount of \$ _____

Please charge my credit card: \$ _____ MasterCard VISA AMEX

Cardholder Name	Credit Card Number	Expiration Date	CVC#
Billing Address	City/State/Zip	Signature	

Cancellation Process: A refund of the registration fee will be granted if cancellation is received 72 hours prior to the event. Substitutions are permitted. Refunds will be in the form of original payment. Cancellations must be made in writing by email to office@hfma-nca.org or by fax to (925) 828-4538. For questions, call (925) 828-4532.