

**PAYMENT FORM**

**Skilled Nursing Facility Billing/Compliance Seminar**

**Bordeaux Long Term Care  
1414 County Hospital Road  
Nashville, TN 37218**

**Thursday, June 26, 2008**

Registration: 8:30 a.m. - 9:00 a.m.  
Seminar: 9:00 a.m. - 3:00 p.m.

**Payment must be received no later than Friday, June 18, 2008**

**Complete this form and return with payment to:**

**WPS – Medicare  
Attn: Finance Department  
P.O. Box 1602  
Omaha, NE 68101**

**Provider Name:** \_\_\_\_\_ **Provider #:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Attendee #1**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Attendee #2**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Attendee #3**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Make Check Payable to: WPS-Medicare**

**Total Amount Enclosed ( # x \$17.00):** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**CANCELLATION/REFUND POLICY**

Due to contractual arrangements with the meeting facility, all cancellations must be received in our office no later than twenty-one (21) days prior to the scheduled event. No refunds will be issued for cancellations received after this date.