



The Compliance Team™

EXEMPLARY PROVIDER® ACCREDITATION PROGRAMS Refresher Conference Call Application

Account # _____

Legal Business Name _____

(dba name) _____

Street Address _____

City _____ State _____ Zip _____

Reason(s) for Refresher calls:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> New Internal Coordinator | <input type="checkbox"/> New Owner | <input type="checkbox"/> DMEPOS Products | <input type="checkbox"/> Community Pharmacy |
| <input type="checkbox"/> Equipment Handling | <input type="checkbox"/> Patient Services | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Billing |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Infusion Services | <input type="checkbox"/> LTC Pharmacy | <input type="checkbox"/> Complex Rehabilitative |
| <input type="checkbox"/> Other _____ | | | |

Pay by credit card below or on our website – reference # of Refresher Calls and Reason(s).

Credit Card # _____ Exp. Date: _____ Security Code: _____

Cardholder Signature _____ Name on Card _____

FEES: Refresher Conference Call with Accreditation Advisor

___ Total # of Conference Calls Requested @ \$150.00 per call

___ Full Conference Call Series – 5 calls \$700.00 total

Total Due \$ _____

Payment in Full Due with Application - All Monies Paid Are Non-Refundable

Authorized Official Signature

Print Name

Date

Phone: 215 654-9110

www.TheComplianceTeam.org

Fax: 215 654-9068

Return this application by fax, mail or email.

Mail: The Compliance Team, Inc. P.O. Box 160 Spring House, PA 19477

Email: Accounting@tctinc.us