



HOSPICE & PALLIATIVE CARE
ASSOCIATION OF ARKANSAS
advancing the promise of care



PALMETTO GBA®
A CELERIAN GROUP COMPANY

Presents:
2018 Hospice Medicare Workshop Series
“Winning with Medicare”
Thursday, April 5, 2018 / 10:00 – 3:00 p.m.



Location:
Holiday Inn Airport Conference Center
3201 Bankhead Drive, Little Rock, AR

\$75 HPCAA Member / \$175 Non-Member
Lunch & Materials Included



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Designed for hospice providers and their staff to equip them with tools needed to be successful with Medicare billing, coverage and documentation requirements

Access the following link to review the workshop Objectives

<https://www.palmettogba.com/event/pgbaevent.nsf/SeriesDetails.xsp?EventID=AVDLTT5326>

Target Audience: Hospice Leadership, Quality Directors/Staff, Documentation Auditors, Educators, Finance and Billing Staff

Conference Location:

The conference will be held at the Holiday Inn Airport Conference Center - 3201 Bankhead Drive, Little Rock, 72206.

Overnight Accommodations:

HPCAA has obtained a discounted room rate for the nights of April 4 & 5 at the Holiday Inn Airport Conference Center in the amount of \$102/night (plus tax/charges). Please call the hotel for reservations: 501/490-1000 and reference group code hospice association.

In the Area:

The hotel is located just 10 minutes from Little Rock’s “River Market District” with lots of entertainment and food! The Arkansas Travelers Baseball Team are playing in Little Rock beginning the night of the 5th through the weekend.

Food/Beverage:

HPCAA will provide lunch with iced tea and water. If other beverages are desired, a restaurant is onsite for your convenience.

Cancellation Policy:

No refunds will be issued after payment/registration has been processed. Substitutions are permitted; please contact the HPCAA office with changes. No exceptions to the cancellation policy.



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A separate registration form is required for each attendee; one check is permitted for multiple registrations. Name and contact information may be used for HPCAA mailings/contacts/name badges.

Name: _____ Discipline/Credentials: _____

Title: _____

Email: _____ Phone: _____

Agency: _____

Agency City: _____ State: _____

County(s) Individual Provides Service In: _____

Registration fee includes lunch and e-copy of the 2018 Hospice Medicare Workshop Program

Please verify 2018 HPCAA membership by calling the HPCAA office or visiting www.hpcaa.org

HPCAA Member Fee \$75

Non-Member Fee \$175

Total Enclosed \$ _____
(Check or Money Order)

Please make checks payable to “Hospice & Palliative Care Association of Arkansas”

Mail to: HPCAA
411 South Victory Street
Suite 205
Little Rock, AR 72201

Credit Card Payment: Mail, fax or email

Name on Card: _____ Card Number: _____

Expiration Date: _____ Security Code: _____ Zip Code: _____

Signature of Card Holder: _____ Email for Receipt: _____

NO REFUNDS WILL BE ISSUED - SUBSTITUTIONS ARE PERMITTED

411 S. Victory Street, Ste 205, Little Rock, AR 72201
Office 501-375-1300 / Fax 501-375-1375 / executivedirector@hpcaa.org