



PROGRESSIVE PROVIDER SERVICES of COLORADO

Building Your PPS Team

Provider of Accounting and Reimbursement Services for the Long Term Care Industry

Webinar Registration Form

Company: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Date of Webinar: _____

Name:	Job Title:	E-mail Address:	Price:

Total Number Attendees: _____

Total Charges: _____

Please check off the webinar(s) that you are registering for:

- Medicare Cost Reporting for Skilled Nursing Facilities
- Medicare Cost Report for Hospice
- Medicare Cost Reporting for Home Health Agencies
- Medicare Cost Report for RHC/FQHC

Price per Webinar: \$175

Price is per person. Group discounts are available; call for details!

Check is enclosed / will be mailed (**Payment Must Be Received Prior To Webinar**)

Please bill my credit card (we accept all major credit cards)

Name on Card: _____ Credit Card Number: _____

Exp Date: _____ Authorized Signature: _____

Please fax this completed form to (888) 405-4162 or mail together with a check to:

Progressive Provider Services LLC
245 S. Benton Street, Suite 300
Lakewood, CO 80226

For more information, please call (248)968-4100 or (800) 447-2540 or e-mail blimi@ppsassistant.com.