

## Medicaid Billing Series Order Form

Please print this order form and fax completed form with credit card information along with your tax exempt form to 212-742-2080 or mail completed form, tax exempt form and a check to:

Karyn Krampitz  
The Coalition of Behavioral Health Agencies  
90 Broad Street, 8th Floor  
New York, NY 10004

<u>Course</u>	<u>Media</u>	<u>Member</u>	<u>Non-Member</u>
<b>Billing Medicaid 101</b>	<input type="checkbox"/> 3 DVDs <input type="checkbox"/> 2 Video Tapes	\$ 50	\$200
<b>Medicaid Compliance</b>	<input type="checkbox"/> 4 DVDs <input type="checkbox"/> 2 Video Tapes	\$ 60	\$250
<b>Medicaid Document and Coding</b>	<input type="checkbox"/> 4 DVDs <input type="checkbox"/> 2 Video Tapes	\$ 60	\$250
<b>Complete Series DVD</b>	<input type="checkbox"/> \$150.00 Member <input type="checkbox"/> \$650.00 Non-member		
<b>Complete Series Video Tape</b>	<input type="checkbox"/> \$150.00 Member <input type="checkbox"/> \$650.00 Non-member		

Total Enclosed \$ \_\_\_\_\_

If sending a check please make it payable to: The Coalition of Behavioral Health Agencies, Inc.  
All proceeds benefit The Coalition.

Ship to Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Credit Card Orders

Credit Card Holder Name: \_\_\_\_\_

If different from above

Company: \_\_\_\_\_

Card holder address: \_\_\_\_\_

\_\_\_\_\_

Visa  MC  Amex: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

The Security Code on the Amex card is the small 4 digit number on the front right of your card above the card number. The Security Code on Visa/MC is the last 3 digits of the number located on the back of the card.

If you have any questions, please contact Karyn Krampitz at [kkrampitz@coalitionny.org](mailto:kkrampitz@coalitionny.org) or 212-742-1600 ext 103.

