

## CCRS CEU Package

For Certified Cost Report Specialists

For AIHC Members Only - Price: \$50

**GOT CEUs?**

### Earn all 6 required CEUs needed for your next renewal!

The short courses below are bundled at a special price. All courses are now on *one page* for quick and easy access to complete your Continuing Education Units for your next credential renewal.

#### Healthcare Collection & Bad Debt Policies

- Learn more about Medicare rules related to Charity Care, DSH adjustments, Professional Courtesy, Financial Hardship as it relates to compliant cost reporting.

#### COVID-19 HIPAA & Healthcare Ethics

- Safeguarding information, strengthening security of ePHI and developing an ethical culture during the COVID1-9 crisis is what you will learn in this short online course.

#### Embezzlement Detect & Avoid

- This short program helps financial managers gain a better understanding of the various types of embezzlement schemes, ways to deter and what to do when you suspect embezzlement.

### How to Register

**Register Online – Return to the Enrollment Page and Pay via Credit Card!**



We accept online registration payment via credit card.

#### Register Via Mail or Fax:

Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

### Refund Policy

View the Refund Policy Posted on the Home Page of our Website [www.aihc-assn.org](http://www.aihc-assn.org)

## CCRS Annual CEU Renewal Package

### HARDCOPY REGISTRATION FORM

<b>Enrollment Date:</b>	<b>All for \$50 to Earn 6 CEUs</b>  ✓ Healthcare Collection & Bad Debt Policies ✓ COVID-19 HIPAA & Healthcare Ethics ✓ Embezzlement – Detect & Avoid
<b>Name &amp; Credentials:</b>	
<b>Home Address:</b>	
<b>Employer Name &amp; Address:</b>	
<b>Work Phone Number:</b>	
<b>Alternate or Cell Phone Number:</b>	
<i>(For website administration and registration confirmation)</i> <b>Primary Email Address:</b>	
<b>Alternate Email Address:</b>	
<b>Credit Card Payment Information:</b>	<div></div> <div>[ ] MasterCard [ ] VISA [ ] Discover</div>
Amount Approved on this Credit Card: [ ] \$50 AIHC Fax Number: (330) 952-0716	
Card Number: _____	
Security Code: _____ Expiration Date: _____	
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<p><b>Paying by corporate check? Pay \$50</b></p> <p><b>Please Make Check Payable to: AIHC</b></p> <p><b>AIHC Mailing Address:</b> <b>3637 Medina Road – Suite 15, Medina, Ohio 44256</b></p>	