

Provider Outreach and Education Request Form

Palmetto GBA J1 offers many educational options, including opportunities for education tailored to the particular needs of each health care provider. To request education, please complete this form and fax to (803) 763-2280.

PROVIDER INFORMATION

Provider Name/Physician/Group Name _____ Provider Number/NPI _____

Contact Person _____ E-mail _____

Address _____

City/State _____ ZIP Code _____

Phone Number _____ Fax Number _____

Provide directions to your location (for in-person requests only): _____

OPTIONS

- | | | | |
|---|---|---|------------------|
| In-Person | Internet | Other | Number Attending |
| <input type="checkbox"/> Your facility (reimbursement for travel) | <input type="checkbox"/> E-meeting (online) | <input type="checkbox"/> Teleconference | _____ |
| <input type="checkbox"/> Palmetto GBA Facility | <input type="checkbox"/> Online workshop | | |

PART A (Select a state and write your provider type in the space provided. Home Health and Hospice Providers Not Applicable)

- California Hawaii Nevada Guam American Samoa Northern Mariana Islands

PART B (Select a state and write your specialty in the space provided)

- California Hawaii Nevada Guam American Samoa Northern Mariana Islands

F95 GCB: CF 98 I 75 HCB (Please provide additional information, where applicable):

- New staff training Billing Coverage Medical Review and Documentation
 Speaker for meeting Medicare Overview Other (explain in detail)

Requested Date(s) (Onsite education is arranged as schedules permit):

 Provider/Group Representative Signature