

2023 Quarterly Regulatory Conference Calls

For the past 12 years AHPCO has given hospices the opportunity to learn the latest information and ask questions and get clarifications on the important issues vital to our business.

Join us to stay on top of the regulatory changes with the quarterly AHPCO 2023 conference calls. Featuring speakers from Medicare Intermediary Palmetto GBA and the National Hospice and Palliative Care Organization, AHPCO works to keep you up-to-date with the latest regulatory news and trends.

2023 Regulatory Conference Call Schedule

Thursday, February 9, 2023 Palmetto GBA 10:00 a.m. – 11:00 a.m. CST	Friday, May 12, 2022 NHPCO 10:00 a.m. – 11:00 a.m. CST
Thursday, August 10, 2022 Palmetto GBA 10:00 a.m. – 11:00 a.m. CST	Thursday, November 9, 2022 Palmetto GBA 10:00 a.m. – 11:00 a.m. CST

AHPCO MEMBERS SAVE 50%

<p>AHPCO MEMBERS</p> <p>Individual Sessions:</p> <ul style="list-style-type: none"> • \$ 75 per session for one location \$25 for each additional location <p>Combined</p> <ul style="list-style-type: none"> • \$200 for all 4 sessions for 1 location \$50 for each additional location – Save \$300 	<p>Nonmembers</p> <p>Individual Sessions:</p> <ul style="list-style-type: none"> • \$ 150 per session for one location \$50 for each additional location <p>Combined</p> <ul style="list-style-type: none"> • \$400 for all 4 sessions for 1 location \$100 for each additional location – Save \$300
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Dial in information will be emailed prior to each session with handouts

Mail check and Registration to: AHPCO • PO Box 26131 • Birmingham, AL 35260
Email: admin@alhospice.org



2023 Regulatory Conference Calls
Registration

Hospice Provider: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____

Email Address: _____

2023 - AHPCO Member Yes No

2023 - NHPCO Member Yes No

Purchase all 4 sessions (\$200 for members / \$400 for nonmembers) \$ _____

Number of additional locations _____

Additional Locations (\$50 for members/\$100 for nonmembers) \$ _____

TOTAL \$ _____

Individual Sessions: (\$75 for members / \$150 for nonmembers: select dates below)

February 13th May 14th August 13th November 12th

Total number of sessions _____ x rate \$ _____

Number of additional locations _____ x rate \$ _____

(\$25 for members/\$50 for nonmembers)

TOTAL \$ _____

Payment Information:

Credit Card: Visa Mastercard American Express Other

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Credit Card Billing Address: _____

City _____ ST _____ Zip _____

Signature: _____

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