

# Educational Modules - 2008

“Pay For Performance / PQRI”	<input type="checkbox"/> \$75 x (____ Qty)	= \$ _____
“Establishing an Independent Practice”	<input type="checkbox"/> \$100 x (____ Qty)	= \$ _____
“Basic Billing & Coding For APNs”	<input type="checkbox"/> \$100 x (____ Qty)	= \$ _____
“Advanced Billing & Coding For APNs”	<input type="checkbox"/> \$100 x (____ Qty)	= \$ _____
“Basic <u>and</u> Advanced Billing & Coding” Package	<input type="checkbox"/> \$150 x (____ Qty)	= \$ _____
<div style="border: 1px solid green; padding: 5px; margin: 10px auto; width: fit-content;"> <p><i>Student rate available for B&amp;C Series Must present valid student ID. Please contact Krysten Pierce for more information</i></p> </div>		
<p><b>TOTAL DUE \$ _____</b></p>		

- **Questions:** Contact **Krysten Pierce** at (517) 324-8345 or via email at [kpierce@mphi.org](mailto:kpierce@mphi.org).
- **System Requirements:** Flash Player 9

Check payable to MPHI     Please Invoice     MasterCard     Visa

Card #: \_\_\_\_\_ Exp. (Mo./Yr.): \_\_\_\_\_ / \_\_\_\_\_

Corporate/Business Card     Personal Card

Billing Address Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

**SHIP TO**

Name: \_\_\_\_\_

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

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

Ph #: \_\_\_\_\_

**Mail or Fax Orders To:**

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