

MANAGING THE UNINSURED & UNDERINSURED

*Proven Strategies to Improve Payment Systems
and Collections that Minimize Uncollectible Debt*

Hear 21 healthcare
leaders share their
proven expertise!

July 24–26, 2006 • Hyatt Regency O'Hare • Chicago, IL

Find out how industry leaders are using innovative techniques to manage the growing uninsured and underinsured population. Learn specifically how to:

- **Understand** new governmental and legislative initiatives
- **Apply** and **revise** charity care, prompt-pay systems, and discount programs
- **Classify** uninsured and underinsured patients properly
- **Understand** the impact of the uninsured throughout the entire revenue cycle
- **Identify** patients that are eligible for charity care and discount programs
- **Structure** effective point-of-service collections and secure accounts and payment
- **Improve** pre-registration processes
- **Utilize** technology to streamline the financial information gathering process
- **Employ** responsible mission-based collection strategies
- **Transform** patients without sponsorship to government-sponsored patients
- **Ensure** program enrollment compliance
- **Understand** how the use of HSA products will affect how providers receive payments
- **Optimize** the use of financial counselors to assist patients in navigating financial processing systems
- **Obtain** reimbursement for services provided to undocumented citizens
- **Build** community partnerships to improve access for the uninsured
- **Adopt** managed care principles for care of the uninsured

Hear unique insights and innovative case studies demonstrating how progressive hospitals and health systems are managing this growing and seemingly insurmountable issue:

Public Policy and the Uninsured Crisis **ADVOCATE HEALTH CARE**

The Uninsured Crisis in America:
The Minnesota Solution
ALLINA HOSPITALS & CLINICS

Implementing Charity Care, Prompt-Pay Systems
and Discount Programs to Assist the Uninsured
THOMAS HOSPITAL

PANEL DISCUSSION

Charity Care Strategies for Hospitals
MIDSTATE MEDICAL CENTER
SHORE HEALTH SYSTEM
SISTERS OF MERCY HEALTH SYSTEM
CHRISTUS HEALTH
NORTHWESTERN MEMORIAL HOSPITAL

Structuring Effective Point-of-Service Collections
TEXAS HEALTH RESOURCES

Strategies to Secure Accounts and Payment at
Point of Service
UNIVERSITY OF COLORADO HOSPITAL

Implementing Technological Systems
to Determine Insurance Coverage and
Patient Ability to Pay
CENTEGRA HEALTH SYSTEMS

Mission-Based External Collection Strategies
YALE NEW HAVEN HEALTH SYSTEM

ED Checkout: A Collaborative Approach
to Sponsorship
OHIO STATE UNIVERSITY MEDICAL CENTER

Understanding How HSA Implementation May
Affect How Providers Get Paid
HARVARD PILGRIM HEALTH CARE

Leveraging Financial Counselors to Help Patients
Navigate Financial Processing Systems
BOSTON MEDICAL CENTER

Section 1011: Reimbursement for Healthcare to
Undocumented Citizens
TENET HEALTH SYSTEMS

Community-Based Solutions to Improving Health
Access Among the Uninsured Population:

Best Practice Models
SUMMA HEALTH SYSTEM

HEALTHY CONNECTIONS NETWORK

Utilizing Managed Care Principles to Care
for the Uninsured
SETON HEALTHCARE NETWORK

DON'T MISS THESE MUST-ATTEND, IN-DEPTH WORKSHOPS!

- Understanding Patient Financial Services Operational Strategies for Managing Self-Pay Balances
HEALTH EVOLUTIONS, INC
- How to Meet Patient Access Challenges with a Growing Under/Uninsured Population
REVENUE CYCLE SOLUTIONS, LLC.

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HOSPITALIST
& INPATIENT MANAGEMENT

Presented by:



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Dear Healthcare Executive:

Is your organization overwhelmed with an increasing self-pay population?

The US Census Bureau estimates that over 45 million Americans do not have health insurance and many others have inadequate coverage. This growing patient population is increasingly putting a strain on provider organizations' bottom lines. With the recent surge in lawsuits, the threat of government legislation, and increased media coverage, finding ways to provide quality healthcare to the self-pay patient while remaining fiscally responsible has become a major healthcare industry issue.

World Research Group's **Managing the Uninsured and Underinsured Conference** taking place July 24-26, 2006, in Chicago, IL will focus on ways in which hospitals and health systems are taking action to maintain their responsibility to the community while limiting their uncollectible debt. Hear from national healthcare leaders who will define how successful organizations are:

- **Leveraging** financial counselors to help patients navigate financial processing systems
- **Utilizing** technology to determine insurance coverage and ability to pay
- **Implementing** charity care, prompt-pay systems, and discount programs to assist the uninsured
- **Staying** on top of evolving legislative developments
- **Determining** available resources and programs to aid the uninsured

World Research Group's best-in-class conference faculty will offer case study-driven solutions designed to ease the financial strain the uninsured and underinsured populations place on healthcare institutions across the country. You will learn specifically how:

- **Allina Hospitals & Clinics** has reacted to recent statewide legislation
- **Seton Health** developed interventions and action plans for managing ED utilization, inpatient avoidable days, and prescription drug costs
- **Centegra Health Systems** has utilized technology to efficiently determine insurance coverage and patient's ability to pay
- **Boston Medical Center** optimized its use of financial counselors throughout its medical complex
- **Yale New Haven Health System** is responsibly using collection techniques in line with its organizational mission
- **Texas Health Resources** has restructured its front-end processes to improve point-of-service collections

Don't miss this must-attend, high-quality information exchange and networking event! Register yourself or maximize the experience with a team to best benefit from the learning experience!

Who Should Attend

- Chief Financial Officers
- Chief Revenue Officers
- Chief Operations Officers
- Vice Presidents, Directors, Managers of:*
- Patient Financial Services
- Patient Access
- Revenue Cycle
- Finance
- Patient Accounts
- Billing
- Managed Care
- Care Management
- Credit and Collections
- Reimbursement
- Receivables Management
- Registration
- Community Relations
- Admission Services
- Compliance
- Case Management
- Eligibility

From:

- Hospitals
- Health Systems

Multistakeholder involvement is essential to improving the hospital's bottom line.
Register 3 and the 4th is free!

DAY ONE • TUESDAY, JULY 25, 2006

7:45 Registration

8:00 Chairperson's Opening Remarks

8:15 Public Policy and the Uninsured Crisis

Over the past several years, Congressional action related to the uninsured has generally been limited to expanding health savings accounts. Elected officials on the state level, by contrast, are proposing and implementing a variety of legislative initiatives to expand health insurance coverage. While all of these proposals are well intended, some have been more successful than others at actually increasing the number of individuals and families with health insurance. This session will examine and critique legislative proposals regarding the uninsured from around the country. Additionally, the politics of the uninsured crisis will be examined, including:

- Maine's Dirigo plan
- Massachusetts' Governor Mitt Romney's newest plan to insure all residents
- An update on Illinois Governor Rod Blagojevich's program to extend health insurance to all children in Illinois
- A look at state legislative proposals regarding charity care for the uninsured



Elyse Forkosh
Director of Government Relations
ADVOCATE HEALTH CARE



9:00

The Uninsured Crisis in America: The Minnesota Solution

This session will examine the uninsured crisis in America and the solution that Minnesota has implemented, including:

- How the uninsured crisis evolved in America and how the federal government reacted
- What is driving the uninsured issues with hospitals
- Why Minnesota hospitals sign an uninsured patient agreement with the Minnesota Attorney General and the provisions of the agreement
- How the Minnesota Attorney General agreement affected hospital operations – specifically the financial aspects and results
- Whether the Minnesota uninsured model can become a national model for all states to adhere to
- The future for the uninsured patient and the hospitals that treat them
- The meaning for hospitals' financial health



Thomas Gavinski
Vice President Patient Financial Services
ALLINA HOSPITALS & CLINICS



9:45

Networking Break and Refreshments

10:15

Implementing Charity Care, Prompt-Pay Systems and Discount Programs to Assist the Uninsured

This session will focus on how Thomas Hospital implemented a comprehensive uninsured program that allows for proper classification of uninsured and underinsured patients. This program addresses the patient's needs throughout the entire revenue cycle

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process. Using actual patient encounters to illustrate the uninsured process at Thomas Hospital, this session will include:

- Charity care – How we identify patients that are eligible for charity care and gather the necessary information to validate this eligibility
- Prompt-pay discounts – How we project actual charges in order to provide a prompt-pay discount at time of service that will encourage patients to pay the day of their service
- Discount Programs – What a reasonable discount is and how long patients can pay on their account



Patrick Murphy
Vice President of Finance
THOMAS HOSPITAL

PANEL DISCUSSION

11:00 Charity Care Strategies for Hospitals

- Defining charity care
- Evaluating and reforming charity care policies
- What is considered income?
- Integrating charity care in front-end/back-end processes
- Ensuring consistency in application of charity care policies
- Communicating charity care policies to affected community
- Balancing patient responsibility with ability to offer charity care

Moderator:

Sheri Beekman
Vice President Patient Financial Services
SISTERS OF MERCY HEALTH SYSTEM

Panelists:

Cassandra Crowal
Director of Access Management
MIDSTATE MEDICAL CENTER

Christine Fontaine
Director Patient Financial Services
SHORE HEALTH SYSTEM



Kaycee Orman
Executive Director of Revenue Cycle Services
CHRISTUS HEALTH



Elise Lauer
Director of Patient Accounting
NORTHWESTERN MEMORIAL HOSPITAL

12:00 Luncheon for Delegates and Speakers

1:00 Structuring Effective Point-of-Service Collections

Texas Health Resources has realigned processes and the structure of Patient Access Services to dramatically improve point-of-service collections. During the fiscal year of 2005, the combined point-of-service collections climbed to more than \$35 million. This session will focus on making this happen for your facility by changing systems and incorporating automated processes into the Patient Access Services pathways to improve point-of-service collections. Highlights include:

- Improving scheduling and pre-registration processes
- Using automated processes for obtaining insurance eligibility and benefits
- Tools to determine patient out-of-pocket expenses



Linda Powell
Director of Patient Access
TEXAS HEALTH RESOURCES



1:45 Addressing Access For and Payment By The Uninsured in Emergency Room and Inpatient Settings

Uninsured patients and others often attempt to access care in the emergency room for non-emergent conditions putting pressure on the emergency department staff when they are focused on addressing emergent issues. Due to the dynamics of the emergency room, it is often difficult to determine coverage for potential uninsured patients, and even insured ones, before they are admitted. The clock is then ticking for securing the account or for finding coverage. This session will focus on various techniques applied using a combination of staff, physicians, and outsourced vendors to address these challenges.

The University of Colorado Hospital is an integrated delivery system in Aurora and Denver, Colorado, providing much of the specialty and inpatient care for the indigent population in the state. In this system, an integrated approach has proven successful in rationalizing these dynamics, despite the breadth of players who need to collaborate to make it happen. Highlights include:

- Techniques in an integrated delivery system to address emergent conditions in the ER and steer non-emergent demand to more appropriate settings
- Determining eligibility at the earliest possible opportunity in both the emergency room and inpatient settings for self-pay patients
- Development of a "mobile financial counseling" model to address these issues at the bedside
- How partnerships of various types of staff and vendors can be leveraged to address such time-sensitive issues

Ted Day

Director of Admissions and Patient Financial Services
UNIVERSITY OF COLORADO HOSPITAL

2:30 *Networking Break and Refreshments*

3:00 Implementing Technological Systems to Determine Insurance Coverage and Patient Ability to Pay

Centegra Health System has recently decided to implement a new system to determine insurance coverage and patient ability to pay. The initiative, led by Ken Baxter, Director of Patient Financial Services, has led to an increase in revenue for the hospital and has allowed the organization to efficiently determine patient financial information. Highlights of this session will include:

- Reasons for adopting this new system
- Benefits of the new technology
- Financial outcomes

Ken Baxter

Director of Patient Financial Services
CENTEGRA HEALTH SYSTEMS

3:45 Mission-Based External Collection Strategies

Hospitals, particularly those in the not-for-profit sector, must carefully balance their need to create and administer effective external collection strategies while recognizing their mission-based obligations to the community. The reality is that many patients fail to cooperate or take responsibility for pursuing financial assistance or make appropriate arrangements to satisfy their bill. Key challenges include how to identify appropriate accounts for external collection, the use of credit bureau technologies to screen accounts, careful collaboration with external collection agents, and processes for returning accounts that cannot be collected. This session will focus on:

- Creating an effective network of external collection partners
- Integration of collection strategies within a broader financial assistance program
- Identification of charity care vs. bad debt
- Effective collection agent contracts



William Gedge
Senior Vice President
YALE NEW HAVEN HEALTH SYSTEM



4:30 ED Checkout: A Collaborative Approach to Sponsorship

This session will examine a new Patient Access Services function launched in September of 2005 in the Emergency Department of The Ohio State University Hospital East in Columbus, Ohio. The program is the collaborative effort between Patient Access Services and the Emergency Department clinical staff to foster a supportive environment geared toward the local community and to ensure solid financial operations for the hospital. The main objectives of the ED Checkout process include: eligibility checks on government-sponsored coverage; timely, discreet identification of uninsured patients; communication of potential forms of financial assistance designed to support the uninsured; and efficient application of these programs for hospital reimbursement. ED Checkout team members also verify patient demographics to ensure accurate contact information and partner with clinical staff to disseminate reference

material related to community primary care services and prescription assistance. The presentation will focus on:

- Methods used to identify self-pay patients
- Documentation and verification of coverage
- Patient support and follow-up
- Anticipated effects on patient satisfaction levels and financial results



Lynn Mick
Director of Patient Access Services



Joyce Predmore
Assistant Director of Patient Access Services
OHIO STATE UNIVERSITY HOSPITAL EAST



5:15 *End of Day One*

DAY TWO • WEDNESDAY, JULY 26, 2006

8:00 *Chairperson's Recap of Day One*

8:15 **Understanding How HSA Implementation May Affect How Providers Get Paid**

Formerly uninsured individuals who purchase qualified High Deductible Health Plans (HDHPs) may find the premiums affordable, but they still face a potentially daunting deductible that they must pay before the health plan starts paying benefits. Providers who are accustomed to collecting co-pays and then billing the health plan for the balance of the contracted rate now must, in most cases, bill these members after rendering services. This arrangement adds the potential to increase provider administrative costs and bad debts.

- How will these products help providers financially when they care for these formerly uninsured patients?
- How are providers reacting to these products?
- What impact will billing members have on providers' future contract negotiations with health plans?
- Can health plans design Health Savings Accounts to minimize the risk to providers?
- How can employers become part of the solution?



Bill Stuart
Product Specialist
HARVARD PILGRIM HEALTH CARE



9:00 **Leveraging Financial Counselors to Help Patients Navigate Financial Processing Systems**

Most patients are more concerned about getting the care they need than how it is all going to be paid for. Those concerns arise after the treatment has been delivered and the patient's bill arrives. Are you currently using all the resources available to ensure that patients are not surprised by a large bill? This session will explore one hospital's expanded use of Patient Financial Counselors before, during, and after the patient visit to determine insurance coverage, and if the patient is uninsured or underinsured, how to get the coverage, payment plan, or charity care they need. Boston Medical Center is the largest safety net hospital in Massachusetts, with 25% of its patients uninsured, 50% covered by Medicare or Medicaid, and only 25% of its patients having non-government sponsored health insurance. Recently though, even those with insurance are frequently subject to high co-pays and deductibles. This session will focus on:

- Pre-screening patients prior to their arrival at your facility
- Tools to use while the patient is on-site
- Follow-up techniques to ensure program enrollment compliance
- What to do about the underinsured



Melinda Burri
Associate Director for Uncompensated Care Programs
BOSTON MEDICAL CENTER



9:45 *Networking Break and Refreshments*

10:15 **Section 1011: Reimbursement for Healthcare to Undocumented Citizens**

To help alleviate some of the burden put on providers, Congress has passed Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act. Section 1011 provides up to \$250 million per year to be used to reimburse hospitals, physicians

and other healthcare providers for emergency health services given to undocumented immigrants and other specified aliens. This session will focus on Tenet Health's use of this program, the challenges they faced, their solutions to common issues, and the processes implemented in an acute care provider setting. Highlights of this session will include:

- Provider enrollment
- Facility education
- Eligibility screening processes
- Tracking patient account
- Documentation payment determination form
- Claims entry

Heather Smith
National Director of Eligibility
TENET HEALTH SYSTEMS

11:00 **Community-Based Solutions to Improving Health Access Among the Uninsured Population: Best Practice Models**

Several community based-solutions have been proposed to deal with the pressing issue of the growing uninsured population. Plans ranging from the Tax Supported Health Access Model, to Volunteer Access Models, to Three Share Models are being implemented across the country. This session will feature the success of Akron, Ohio-based health systems working together to respond to significant community health issues. The health systems have partnered with health departments and community agencies to design services to connect the uninsured and underinsured populations to medical and support services. Session highlights include:

- Proven strategies in building partnerships to move the health access agenda forward
- Outcomes related to Akron's health access program for the working poor
- National models that are being considered to take Akron's health access planning effort to the next level



Tracy Carter
Director of Community Services
SUMMA HEALTH SYSTEM



Susan S. Gerberich
Project Consultant
HEALTHY CONNECTIONS NETWORK

11:45 **Utilizing Managed Care Principles to Care for the Uninsured**

What are the organizational responses resulting from a convergence of the mission of the religious-sponsored Seton Healthcare Network and a seemingly limitless demand for healthcare services? As the Catholic-sponsored, largest provider of hospital and clinic services in Austin, Texas, Seton's mission is, "to care for and improve the health of those Seton serves with a special concern for the sick and the poor."

In 1997, Seton was a charter member of a community collaboration organized to provide healthcare services in a manner acceptable to individuals who were uninsured or underinsured, and other community health organizations. Today, Seton provides over \$200 million in charity and community benefit, a three-fold increase from 1997. This session will focus on utilizing managed care principles and outcomes in treating the needs of our uninsured and underinsured including:

- Emergency room utilization
- Frequent admissions and related custodial care
- Inpatient avoidable days
- Prescription drug costs
- Closed system efficiencies



John Evler
Senior Vice President of Insurance Services
SETON HEALTHCARE NETWORK



Gary Piefer, M.D.
Chief Medical Officer
SETON WILLIAMSON

12:30 *Conference Concludes*

A NOTE FROM WRG ABOUT THE WORKSHOPS

In addition to learning first-hand information from the experts we have provided for you during the conference, WRG has organized two essential workshop experiences designed give you a much deeper grasp of the key issues surrounding managing the uninsured. Workshop sessions are created to allow for a high degree of interactivity and provide solutions that can be implemented immediately.

SPECIAL IN-DEPTH PRE-CONFERENCE WORKSHOPS • MONDAY, JULY 24, 2006

Workshop Registration • 8:30 AM

Workshop A: 9:00 AM – 12:00 Noon

Understanding Patient Financial Services Operational Strategies for Managing Self-Pay Balances

Effectively managing the uninsured and underinsured populations has become a common challenge that healthcare providers are facing today. With health insurance premiums continuing to rise and people choosing health plans with higher deductibles and co-insurances, or even choosing to opt out of health insurance, self-pay balances are on the rise. The term “working poor” has become a common vernacular in discussions regarding health insurance or lack thereof. All of these factors lead to increasing self-pay balances for healthcare providers.

This workshop will focus on Patient Financial Services operational processes for managing self-pay balances for the uninsured and/or underinsured.

Participants will focus on policies and procedures, job descriptions, roles and functions, accountability tools and measures, report utilization, and key performance indicators.

At the conclusion of the workshop participants should be able to:

- Identify the processes included in a systematic approach to assessing the hospital revenue cycle specific to self-pay balances
- Recognize strategies for identifying and successfully managing uninsured and underinsured accounts at the point of registration through to successful billing and collections
- Identify key performance indicators, revenue cycle metrics, and apply concepts to be able to create a revenue cycle dashboard
- Recognize appropriate report indices that “signal” self-pay balances AR issues
- Understand the “dos and don’ts” of revenue cycle improvement efforts specific to self-pay balances
- Understand the roles of clinical and non-clinical departments in the revenue cycle

ABOUT YOUR WORKSHOP LEADERS:



Melissa Dill is presently a consultant with **HEALTH EVOLUTIONS, INC.** She has over 19 years experience in hospital and physician practice operations. Her most recent project involved an intensive revenue cycle improvement project in which she served as the interim manager of patient financial services in a community hospital as well as consulted on revenue cycle operations improvement.



Chris Scotten has assisted **HEALTH EVOLUTIONS’** clients in the areas of financial analysis, budget development and business planning along with providing interim leadership in CFO and Controller positions. In addition, she has provided interim CFO leadership at a 268-bed hospital. Prior to joining Health Evolutions, Chris served as the Director of Finance for St. Vincent Hospitals and Health Services in Indianapolis, Indiana.



Workshop B: 1:00 PM – 4:00 PM

How to Meet Patient Access Challenges with a Growing Under/Uninsured Population

The Patient Access staff has the daunting tasks of accurately identifying and registering a patient, correctly entering and verifying their insurance and specific plan information, confirming and collecting patient financial responsibility. Today, with consumer-driven healthcare and an increased number of uninsured, this can run in the thousands of dollars. The Patient Access staff is challenged to accomplish all of this while maintaining a high level of customer service and customer convenience.

This workshop will focus on key process improvements and demonstrate tried and true ways to improve your Patient Access department by focusing on Scheduling, Insurance Verification, Pre-Registration and Up-Front Collections, with an emphasis on how these key areas are critical to

successful processing and management of the under/uninsured.

At the conclusion of the workshop participants should be able to:

- Assess their facility’s current Patient Access process with an emphasis on early identification and management of under/uninsured patients
- Understand the future risks associated with doing it the “old way”
- Achieve significant increases in up-front collection of co-pays, deductibles and self-pay deposits
- Make more timely decisions on Charity Care cases
- Understand how a sound Patient Access process allows for effective management of under/uninsured

ABOUT YOUR WORKSHOP LEADER:

Daniel Thiry is one of the founding partners of **REVENUE CYCLE SOLUTIONS, LLC.** Mr. Thiry possesses several years of successful hands-on experience as a director of revenue cycle for small urban hospitals, large teaching facilities as well as large health systems. Mr. Thiry is a certified patient account manager in the American Association of Healthcare Administrative Management and has been a featured speaker on topics including hospital charity care programs and denied claims management. He has also written articles for AAHAM, *The Receivable Report* and The Healthcare Advisory Board.



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MANAGING THE UNINSURED & UNDERINSURED

Proven Strategies to Improve Payment Systems and Collections that Minimize Uncollectible Debt

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Hear how these 21 leaders are overcoming the challenges posed by the uninsured & underinsured



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TEAM DISCOUNT: Register 3 team members from the same organization at the same time and the 4th team member attends FREE! (Valid only at regular registration rate.)

PAYMENT POLICY / SUBSTITUTIONS / CANCELLATIONS: Registration fees must be paid by July 10, 2006. Your registration may be transferred to a member of your organization up to 24 hours in advance of the conference. All cancellations received on or before July 10, 2006 will be subject to a \$195 administrative charge. We regret that no refund for cancellations will be made after this date. In case of conference cancellation, World Research Group's liability is limited to refund of the conference registration fee only. World Research Group reserves the right to alter this program without prior notice. All cancellations must be submitted in writing on or before 14 days prior to the conference date in order to receive a refund, minus cancellation fee.

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