Department of Health and Mental Hygiene
Maryland Medicaid

MEDICAL CARE LIAISON UNIT – PROVIDER SEMINARS

SEMINAR LOCATIONS	DATE	TIME
Montgomery Co. Stella Warner Council Bldg. 100 Maryland Ave. Rockville	Sept 4, 2008	10:30a.m.-12:30
Prince George's Co, New Carrollton Library-7414 Riverdale Rd. New Carrollton	Sept 11, 2008	10:30a.m.-12:30
Washington Co. Western Maryland Center, 1500 Pennsylvania Ave. Hagerstown	Sept. 18, 2008	10:30a.m.-12:30
Baltimore – DHMH- 201 W. Preston St.; Balto.City, Room L-1	Sept 25, 2008	10:30a.m.-12:30

NOTE: TRAININGS ARE CONDUCTED QUARTERLY FOR NEW BILLERS AND PROVIDER OFFICES. IN ORDER TO ASSURE THAT THE TRAINING DATE THAT YOU HAVE CHOSEN WILL BE AVAILABLE, YOU MUST RECEIVE A CONFIRMATION FROM THE MEDICAL CARE LIAISON UNIT.

REGISTRATION REQUESTS FOR TRAINING MUST BE RECEIVED BY THE MEDICAL CARE LIAISON UNIT AT LEAST TWO WEEKS BEFORE THE SCHEDULED TRAINING DATE.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 410-767-6024.

You could also view our training schedule and other important provider information on our website @ www.dhmh.state.md.us

For Mental Health Providers interested in training, please refer to the website www.apshealthcare.com or call 1-800-888-1965

MEDICAL CARE LIAISON UNIT TRAINING
REGISTRATION FORM

PROVIDER NAME: _____
MEDICAL ASSISTANCE PROVIDER#: _____
CONTACT PERSON: _____
TELEPHONE#: _____
FAX#: _____
NUMBER OF ATTENDEES#: _____
SESSION – LOCATION, DATE AND TIME:_____
DO YOU REQUIRE SPECIAL ACCOMMODATIONS?: _____
IF SO, EXPLAIN: _____

PLEASE RETURN THIS FORM TO: MEDICAL CARE LIAISON UNIT, ROOM LL-3 201 W. PRESTON ST. BALTIMORE, MD 21201 OR CONTACT GRESHAMC@DHMH.STATE.MD.US or SMITHNE@DHMH.STATE.MD.US