



MDS 3.0 Manual Pre-Order Form

You may fax, e-mail or send by regular mail to the **Attention of Kay** to:

Email: krose@aanac.org ♦ Fax: 303-758-3588 ♦ 400 S. Colorado Blvd, Suite 600, Denver, CO 80246

A training manual will generally consist of:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Standards of Practice • Forms, tools and in-service aids • Source documents from regulations | <ul style="list-style-type: none"> • Instructor commentary • Frequently asked questions | <ul style="list-style-type: none"> • Case studies • Pre-test and Final Exam |
|--|---|---|

Please fill out all information below

(If applicable)

Name: _____	Member #: _____
Address: _____	Phone Number: _____
City, State, Zip: _____	Fax Number: _____
Facility Name: _____	Email Address: _____

Courses (R=Required Course / E=Elective Course)	Member Price	Non Member	Qty.	Total
(E) Accurately Assessing Activities of Daily Living and the MDS 3.0	69.00	139.00		
(E) Accurately Assessing Pain and the MDS 3.0	69.00	139.00		
(R) Care Area Assessments and the MDS 3.0	69.00	139.00		
(R) Care Planning and the MDS 3.0	69.00	139.00		
(R) Introduction to Medicare Part A	69.00	139.00		
(R) MDS 3.0 Coding for OBRA and PPS	89.00	179.00		
(R) OBRA Timing and Scheduling for the MDS 3.0	69.00	139.00		
(R) PPS Timing and Scheduling for the MDS 3.0	69.00	139.00		
(R) Resource Utilization Groups (RUG) IV and the MDS 3.0	69.00	139.00		
(E) The Five-Star Quality Rating System	69.00	139.00		
Colorado Residents Only: Add Sales Tax 4.1%				
SHIPPING/HANDLING – ADD \$7.00 PER MANUAL				
Total				

Credit Card Information: VISA, MC or AMEX #. _____ Expiration Date _____

Name on Card _____ Signature _____

By signing above, I agree to pay the total amount due in accordance with the agreement governing such card.

AANAC's Toll-free 800-768-1880

**NOTE: WE ADD 10 DAYS TO DATE OF PURCHASE FOR SHIPPING
YOU HAVE 90 DAYS FROM THAT DATE TO COMPLETE THE COURSE(S).**