

## Part 521 - OMIG Compliance Policy Templates Order Form

Please print this order form and fax completed form with credit card information <u>along with your tax exempt</u> form to 212-742-2080 or mail completed form, tax exempt form and a check to:

Karyn Krampitz The Coalition of Behavioral Health Agencies 90 Broad Street, 8th Floor New York, NY 10004

		Member	Non-Member
Full	Set		
	OMIG Compliance Policies - 11 templates	\$275	\$400
Indiv	ridual Templates		
	Employee Screening Policy	<b>\$ 75</b>	\$125
	Compliance Training Policy	\$ 75	\$125
	Employee Discipline Policy	\$ 75 \$ 75	\$125 \$425
	Vendor Screening Policy Vendor Relations Policy	\$ 75 \$ 75	\$125 \$125
	Fraud and Abuse Reporting Policy	\$ 75 \$ 75	\$125 \$125
	Non-Retaliation Policy	\$ 75	\$125
	Internal Auditing Policy	\$ 75	\$125
	Government Investigations Policy	\$ 75	\$125
	Directors and Officers Conflicts of Interest Policy	\$ 75	\$125
	Employee Conflicts of Interest Policy	\$ 75	\$125
		Total Enclosed	\$
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	nding a check please make it payable to: The Coalition B	enavioral Health Ager	icies, inc.
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Cred	it Card Holder Name:		
Card	holder address:		
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The Security Code on the Amex card is the small 4 digit number on the front right of your card above the card number. The Security Code on Visa/MC is the last 3 digits of the number located on the back of the card.

If you have any questions, please contact Karyn Krampitz at <a href="kkrampitz@coalitionny.org">kkrampitz@coalitionny.org</a> or 212-742-1600 ext 103.