



Register to Attend an Informational Webinar

We are offering a series of webinars that will cover a variety of topics. These webinars have been developed for administrators, office managers and provider office staff. Each webinar will deliver information about working with Tufts Health Plan, and offer opportunities for you to ask in-depth questions about the topics that are important to your practice.

How to Register:

Register for the webinars that are of interest to you by checking the box next to the pertinent date.

Complete **all fields** below and submit this form using one the following options:

- **Email:** provider_education@tufts-health.com
- **Online:** tuftshealthplan.com/provider/training/webinars
- **Fax:** 617.673.0200

- Thursday, April 4, 2019 - [Tufts Health Public Plans](#)**
Time: 12 – 1 p.m.
- Tuesday, April 16, 2019 - [Tufts Medicare Preferred HMO and Senior Care Options Plans](#)**
Time: 10 – 11 a.m.
- Thursday, April 25, 2019 - [Navigating the Provider Website](#)**
Time: 11 a.m. – 12 p.m.
- Wednesday, May 1, 2019 - [Submitting Provider Payment Disputes](#)**
Time: 10-11 a.m.
- Thursday, May 16, 2019 - [Referral, Prior Authorization and Inpatient Notification Overview](#)**
Time: 2 – 3 p.m.
- Tuesday, May 21, 2019 - [Limited Network and Tiered Plans](#)**
Time: 12 – 1 p.m.
- Thursday, June 6, 2019 - [Tufts Health Public Plans](#)**
Time: 11 a.m. – 12 p.m.
- Wednesday, June 19, 2019 - [Navigating the Provider Website](#)**
Time: 12 – 1 p.m.
- Tuesday, June 25, 2019 - [Submitting Provider Payment Disputes](#)**
Time: 1-2 p.m.
- Thursday, July 11, 2019 - [Referral, Prior Authorization and Inpatient Notification Overview](#)**
Time: 10 – 11 a.m.
- Wednesday, July 24, 2019 - [Limited Network and Tiered Plans](#)**
Time: 11 a.m. – 12 p.m.

Registrations must be received prior to the date of the webinar you wish to attend.

- **Confirmation of registration will be sent by email.** Please include your email address.
- If you have any questions, please email Provider Education at provider_education@tufts-health.com.

Name: _____ Title: _____

Email: _____ Phone: _____

Practice Name: _____ Provider ID: _____

Please share this invitation with others who may be interested in attending these webinars.