

Nephrology Payment Process:

Step One: ASPN Members

- a. ASPN members that have completed the webinars to completion and would like to claim MOC Part 2 credit will need to submit payment of \$50 to MOC@email.chop.edu.

Step Two: Payment *after* the webinar is complete

- a. The individual will email MOC@email.chop.edu to request the invoice and attestation form to attest for MOC Part 2 credit.
- b. MOC Coordinator will confirm whether or not the individual completed the webinars to completion via REDCap.
- c. If completed, MOC Coordinator will send both the attestation form and invoice (*skip to step three*). If not completed, MOC coordinator will reach out to individual.

Step Three: Invoice: Check vs Credit Card

- a. **Check:**
 - a. Individual must complete invoice (see image A) and send it back to MOC@email.chop.edu.

Image A

INVOICE		The Children's Hospital of Philadelphia
Date of Seminar: December 12, 2017		
The Children's Hospital of Philadelphia 3401 Civic Center Blvd Philadelphia, PA 19104 (267)426-6184		
CHOP -MOC Seminars		PAYMENT TERMS Due Prior to Event
DESCRIPTION	TOTAL	
Seminar Description/Date		\$50.00
Internal Coding:100-16095-69000		
Please remit check to: The Children's Hospital of Philadelphia Colket Translational Research Building Attn: Amanda McKeown 3501 Civic Center Boulevard Philadelphia, PA 19104-4318 Phone: 267-425-7963 Email: mckesownek@email.chop.edu		
*Please reference your name and seminar date on your check.		
	Total Due	\$50.00
Make all checks payable to Children's Hospital of Philadelphia		

Image B



b. Credit Card:

- a. Individual must complete an authorization form (see image B) and send it to MOC@email.chop.edu.

- b. Note, when submitting a credit card authorization form the general ledger coding is 100-16095-69000 (which is on the form).

Credit Card Authorization Form

(General Ledger Code: 100-16095-69000)

CARDHOLDER INFORMATION

Name: _____
Billing Street Address: _____
Street Address (cont.): _____
City: _____ State: _____ Postal Code: _____
Country: _____ Email: _____
Address: _____
Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card
Number: _____
Expiration Month: _____ Expiration Year: _____
Cardholder Signature X _____ Date ____/____/____
Security Code: _____

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Step Four: Submission

- a. MOC Coordinator will send the invoice or the credit card authorization form to Myrline Bakalu to process.

- b. MOC Coordinator will save the completed attestation form on the MOC shared drive: <Z:\MOC\MOC\MOC Part II\Nephrology MOC Part II\Payment Process Job Aid> for tracking purposes and submit the attestation form in the ABP portal on behalf of the individual.