



# HEALTHCARE BILLING & MANAGEMENT ASSOCIATION FIRST PARTY BILLER AFFILIATE MEMBERSHIP APPLICATION

*(Please fill out the application completely. Type or print accurately.)*

## MEMBERSHIP CATEGORY

**First Party Biller Affiliate Member**

Annual Fees . . . . . \$ \_\_\_\_\_

Application Fee . . . . . \$ **50** \_\_\_\_\_

Total Due . . . . . \$ \_\_\_\_\_

ID# (HBMA use only) \_\_\_\_\_

Please indicate how you found out about HBMA:

HBMA Member

\_\_\_\_\_  
Member's Name

HBMA Website

Related Association

\_\_\_\_\_  
Name of Association

Other

\_\_\_\_\_

## COMPANY INFORMATION

Date of Application \_\_\_\_\_ Name of Applying Member \_\_\_\_\_

Name of Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Year company was started \_\_\_\_\_ How long under present ownership? \_\_\_\_\_ Number of employees \_\_\_\_\_

Email \_\_\_\_\_ Website address \_\_\_\_\_

Please provide a username and password for use in logging into member-only services on [www.hbma.com](http://www.hbma.com) (at least 6 characters long each)

Username: \_\_\_\_\_ Password: \_\_\_\_\_

**Top Ten Specialties served:**

|          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

## PAYMENT AND FEES

Amount Due \$ \_\_\_\_\_  Check # \_\_\_\_\_ Credit Card:  Visa  MasterCard  American Express

Credit Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized signature \_\_\_\_\_

| FIRST PARTY BILLER AFFILIATE MEMBER ANNUAL DUES: | # of Full Time Employees | Annual Dues | Application Fee | Total Due |
|--|--------------------------|-------------|-----------------|-----------|
|  | 1-5                      | \$495       | \$50            | \$545     |
|  | 6-15                     | \$675       | \$50            | \$725     |
|  | 16-30                    | \$845       | \$50            | \$895     |
|  | 31-60                    | \$1,010     | \$50            | \$1,060   |
|  | 61-90                    | \$1,180     | \$50            | \$1,230   |
|  | 91 or more               | \$1,460     | \$50            | \$1,510   |

The first year's dues include a \$50 non-refundable application fee. The total amount is required to be submitted with the completed application. Please make check payable to the Healthcare Billing & Management Association (HBMA). Dues payments to the Healthcare Billing & Management Association are deductible by members as an ordinary and necessary business expense. Contributions or gifts are not deductible as charitable contributions for federal income tax purposes.

## MEMBERSHIP CATEGORY AND DUES INFORMATION

### FIRST PARTY BILLER AFFILIATE MEMBER

First Party Biller Affiliate Members shall consist of certain parties that currently and actively produce and submit initial health care claims or invoices solely for payment on behalf of the First Party Biller Affiliate Member's own organization, as determined by the HBMA Board of Directors or its designee in its sole discretion. Applicants for First Party Biller Affiliate Member must provide a reference from a senior representative of the organization for which the applicant provides first party billing services describing the relationship between the applicant and the organization and the structure of the organization and its affiliates, all satisfactory to the Membership Committee of the Corporation in its sole discretion. It is the intention of the Corporation that First Party Biller Membership will be available only for employees or full-time contractors who provide services solely for one provider of medical services (such as a physician office) or for one affiliated group of medical services providers (such as a health care system). Only one First Party Biller Affiliate Membership shall be permitted for each provider of medical services or for each affiliated group of medical services providers. The First Party Biller Affiliate Member, if not a single individual, shall designate one person as its representative to the Corporation who shall have the right and obligation to vote, consent and otherwise exercise all First Party Biller Affiliate Membership rights and obligations on behalf of the first Party Biller Affiliate Member, which Member shall be bound by such acts. First Party Biller Affiliate Membership shall be held in the name of the first party medical services provider or affiliated group of medical services providers for which the First Party Biller Affiliate Member provides services and shall not be transferable. The First Party Biller Affiliate Member shall agree to abide by the Code of Ethics and rules and regulations of the Association.

### HBMA CODE OF ETHICS AND OPERATIONS

- Exercise sensitive professional and moral judgment in all their activities.
- Continually strive to improve the quality and competence of services performed.
- Act in a way that will serve the public interest, honor the trust and demonstrate a commitment to professionalism.
- Undertake only those services that can be completed with professional competence.
- Perform all responsibilities with the highest sense of integrity.
- Exercise care, diligence and careful supervision in providing services.
- Maintain objectivity and avoid any conflict of interest.
- Maintain confidentiality of patient and client information.

I (we) hereby agree to abide by the Code of Ethics and Operations of the Healthcare Billing & Management Association and certify that the information herein contained is current and accurate.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### REFERENCES

**Please provide a reference from a senior representative of the organization for which the applicant provides first party billing services.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please describe the relationship between the applicant and the organization and the structure of the organization and its affiliates.**

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Upon completion, send application with payment to:

HBMA • 1540 S. Coast Hwy, Suite 203 • Laguna Beach, CA 92651 • (877) 640-4262 • (949) 376-3456 Fax • [www.hbma.org](http://www.hbma.org)