



HEALTHCARE BILLING & MANAGEMENT ASSOCIATION MEMBERSHIP APPLICATION

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

MEMBERSHIP CATEGORY

Principal Member Number of Employees (see scale) _____

Affiliate Member

Satellite Office Member Principal Member # (required) _____

Associate Member Principal Member # (required) _____

Vendor Affiliate

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 (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 _____

| Principal 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 |

Affiliate Membership: Annual dues are \$1,010, plus a \$50 application fee. **Associate Members:** Annual dues are \$170, plus a \$50 application fee.
Satellite Office Members: Annual dues are \$280, plus a \$50 application fee. **Vendor Affiliate:** Annual dues are \$1,010, plus a \$50 application fee.

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 CATEGORIES AND DUES INFORMATION

PRINCIPAL MEMBERS

Principal Member companies are defined as any proprietorship or corporation in the business of producing and submitting initial claims or invoices for payment. They are eligible to apply for membership in this Association. The Principal Member shall designate one person as its representative to the Association and Membership shall be held in the name in which the member is doing business by a particular ownership, and shall not be transferable. A biller is not an employee of the creditor, but is a Third Party, with the first party being the creditor and the second party being the patient, customer, or client. Applicants must provide evidence of at least two references from current customers for whom they have done billing, that they do business according to the laws in their state, and operate from an established office. The Principal Member shall agree to abide by the Code of Ethics and rules and regulations of the Association.

AFFILIATE MEMBERS

Affiliate Membership category is restricted to parties that currently and actively provide specific professional services to third party medical billing companies. Attorneys, accountants and billing/business consultants, who possess particular knowledge and expertise in the area of third party billing and healthcare management, are eligible for this membership category. Application to this membership category must be approved by HBMA and the applicant must agree to abide by the HBMA Code of Ethics and rules and regulations of the Association.

HONORARY MEMBERS

Honorary Members shall include any individual or individuals based on such criteria, and with such voting rights, as the Board of Directors shall from time to time determine. Honorary Members shall be exempt from paying dues. Honorary Membership in the Association may be conferred upon an active member in recognition of past contributions to the field of third party billing and management and/or the endeavors of HBMA. To be selected for the award of Honorary Membership the candidate must meet the following criteria:

- have been an active member of HBMA for at least the past five (5) years,
- be a current active member in the year of nomination; and,
- demonstrate unique and extensive contributions to the Association

There shall be a maximum of two (2) recipients per membership year awarded and recognized at the Annual Meeting. Any active member of the association may nominate another member for honorary membership. The nomination(s) must be submitted to the Executive Committee by their Spring meeting. Election shall be by a 2/3 vote of the Board of Directors at their Spring Meeting. The recipient of this award shall receive complimentary registration to the Annual Meeting at which the Award is presented. Honorary Members shall have their annual Association membership dues waived commencing the membership year after receiving the award for their lifetime.

SATELLITE OFFICE MEMBERS

Satellite Office Member shall include one designated person from a satellite office of the Principal Member of HBMA. Upon payment of the satellite member's dues, the membership shall run concurrently with the voting member. Where a Principal Member has more than one address that it wishes to be listed and receive newsletters, e-mails and broadcast faxes, those addresses shall qualify for Non-Voting Satellite Membership and pay dues as determined by the Board of Directors of HBMA. All members are entitled to participate in the programs and certifications of HBMA. By continuing with the requirements of the respective program or certification any member therefore owns the rights to that program or certification.

ASSOCIATE MEMBERS

Associate Members shall include full time employees of a full voting member of the corporation. Associate members may join the Association at the reduced membership fee to be determined by the Board of Directors.

VENDOR AFFILIATE

A Vendor Affiliate Member shall include companies that supply products and services to the third party medical billing industry. This membership class shall be listed separately within the HBMA membership database and all members shall be included in the HBMA Marketplace on the HBMA website. The Vendor Affiliate Member shall also be entitled to use all HBMA member marketing and communications programs.

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

List all owners, partners and officers below. (Please attach additional names on a separate sheet of paper.)

Name _____ Title _____

Home Address _____ City _____ State _____ Zip Code _____

Name _____ Title _____

Home Address _____ City _____ State _____ Zip Code _____

Contact Person (to be listed in Member Directory) _____

Please provide, as references only, two clients you currently service.

Client Company _____ Contact _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone _____

Client Company _____ Contact _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone _____

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