

INDIANA M.G.M.A. - MEMBERSHIP APPLICATION

\$150 Annual Dues - January 1-December 31, 2010

NO CHANGE? Just fill in name, HOME zip code & payment information and return.

REFERRED BY: _____
Name of Referring MEMBER

MEMBER INFORMATION - PLEASE PRINT OR TYPE

First Name _____ Last Name _____

Certification/Licensure _____ Job Title _____

Practice _____

Clinical Specialty _____

Business Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Ext. _____ Bus. Fax _____

Preferred E-mail _____ HOME ZIP CODE: _____

Number of years experience as a practice administrator? _____

- Do you wish to receive e-mail broadcasts? Yes No
- Are you a member of National MGMA? No Yes - Membership # _____
- What is your ACMPE Certification? None Nominee CMPE FACMPE
- Tiered Membership (please check if applicable and you will be contacted for additional information)
 - 6-15 members @ \$135 per member 15+ members @ \$125 per member
- PAYMENT: Active - \$150.00 Tiered - \$135.00 each Tiered - \$125.00 each

TOTAL AMOUNT DUE: \$ _____

Check - Make check payable to "Indiana MGMA" Credit Card - Complete & sign

Please charge \$ _____ to my VISA MASTER CARD

Card Number _____ Exp Date _____ CSV Code _____

Cardholder Name [Print] _____

Billing Address _____

Authorized Signature _____

- Mail completed application with payment to: Indiana MGMA, 539 Dylan Drive, Avon, IN 46123
- -OR- Fax to: 317-872-0795

Signature _____ Date _____

IMGMA communicates with members by e-mail, postal mail, and telephone. Your signature on this form indicates your acceptance of this communication process. You may opt out of e-mail broadcasts by checking "No" above.

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

Direct questions via email: skillion@indy.rr.com or call 317-209-8743. Join online at www.imgma.net.



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➤ Indicate the primary purpose of your organization: [Check only one]

- | | | |
|--|--|--|
| <input type="checkbox"/> Architecture/Construct/
Design | <input type="checkbox"/> IT/Software Products &
Service | <input type="checkbox"/> Medical Service
Organization |
| <input type="checkbox"/> Billing/Reimbursement | <input type="checkbox"/> Insurance Carrier | <input type="checkbox"/> Office Systems/Supply |
| <input type="checkbox"/> Business/Management
Service | <input type="checkbox"/> Insurance Products &
Service | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Financial/Tax Service | <input type="checkbox"/> Legal Service | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Government/Legislative | <input type="checkbox"/> Medical/Clinical Care | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Health Care Consulting | <input type="checkbox"/> Medical Equipment &
Sales | <input type="checkbox"/> Training |
| | | <input type="checkbox"/> Other _____ |

➤ Indicate your job function: [Check only one]

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Organization
position | <input type="checkbox"/> CEO level position | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Assistant/Associate level | <input type="checkbox"/> Consultant | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Billing/Coding/
Reimbursement | <input type="checkbox"/> Financial Professional | <input type="checkbox"/> Practice Administrator |
| | <input type="checkbox"/> Manager level position | <input type="checkbox"/> VP/Director level position |
| | <input type="checkbox"/> Office Support | |

➤ Medical Practices, only: [Check one in each category]

- | <u>Setting</u> | <u>Structure</u> | <u>Practice Specialty</u> |
|---|--|--|
| <input type="checkbox"/> Academic/University | <input type="checkbox"/> Solo Practitioner | <input type="checkbox"/> Multi-Specialty - primary/specialty
care |
| <input type="checkbox"/> Ambulatory Surgery
Center | <input type="checkbox"/> Group Practice | <input type="checkbox"/> Multi-Specialty - specialty care
only |
| <input type="checkbox"/> Community Health
Center | Number of Physicians:
_____ | <input type="checkbox"/> Multi-Specialty - primary care only |
| <input type="checkbox"/> Private Practice | | <input type="checkbox"/> Single Specialty |

➤ Practice Management System _____

➤ EMR System _____