



# 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) \_\_\_\_\_
  - Corporate Member**
- Annual Fees . . . . . \$ \_\_\_\_\_
- Application Fee . . . . . \$ **50**
- Total Due . . . . . \$ \_\_\_\_\_ ID# (HBMA use only) \_\_\_\_\_

Please indicate how you found out about HBMA:

- HBMA Member**  
Jon Feins, Proclaim Inc.  
Member's Name
- HBMA Web site**
- Related Association**  
Name of Association
- Other**

## COMPANY INFORMATION

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

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

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

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

Mailing Address (if different) \_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_ Web site address \_\_\_\_\_

**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 \_\_\_\_\_

Signature \_\_\_\_\_

Principal Member Annual Dues:	# of Full Time Employees	Annual Dues	Application Fee	Total Due
	15 or fewer	\$600	\$50	\$650
	16-30	\$750	\$50	\$800
	31-60	\$900	\$50	\$950
	61-90	\$1050	\$50	\$1100
	91 or more	\$1300	\$50	\$1350

**Affiliate Membership:** Annual dues are \$600, plus a \$50 application fee. **Associate Members:** Annual dues are \$150, plus a \$50 application fee.  
**Satellite Office Members:** Annual dues are \$250, plus a \$50 application fee. **Corporate Partner:** Annual dues are \$900, 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 Members shall include certain parties that currently and actively provide special services to the company of a Principal Member, such as, but not limited to, attorneys, accountants, coding experts, billing and business consultants who possess particular knowledge and experience in areas of third party billing and healthcare management and are so acknowledged by HBMA. They shall agree to abide by the Code of Ethics and rules and regulations of the Association. A maximum of three Affiliate Members shall be allowed to hold seats on the Board at any one time.

### 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.

### CORPORATE PARTNER

Corporate Partners shall include one designated person from a supplier of products and services who are not eligible for principal membership. This class of member would be listed separately, receive membership publications and receive the Association's roster of membership, as well as other benefits deemed appropriate by the Board of Directors.

## 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.com