

Illinois AAHAM – Application for Membership

American Association of Healthcare Administrative Management

Please Type or Print Clearly

| | | | |
|--|-----------------------------|---|----------------------|
| Name | | Date | |
| Mailing Address | | <input type="checkbox"/> Home <input type="checkbox"/> Business | |
| City | | State | Zip |
| Daytime Phone (with area code) | Fax Number (with area code) | E-mail Address (please print clearly) | |
| Employer Name | | Your Title | |
| Local Chapter Name: ILLINOIS # 09 | | Referred by AAHAM Member (Give Name): | |
| Are you a member of a different chapter? If Yes please list all. | | | National Member? Y/N |

I affirm that the information I have given is true to the best of my knowledge and I agree to abide by the Illinois AAHAM Code of Ethics and the Constitution and Bylaws of the Association. I understand that the information I have provided in this application will be distributed to Illinois and National AAHAM members, but without my express consent will not otherwise be disclosed or distributed.

SIGNATURE

DATE

MEMBERSHIP: The fee to become a State member is **\$30.00**. If you join anytime prior to October 1 membership will become effective that calendar year. If you join after September 30 membership will become effective the remainder of the year and the following calendar year.

- Membership is on an individual, not institutional, basis and is non-transferable.
- Please allow 2 weeks for processing once your application is received.
- Dues are not tax-deductible as a charitable contribution, but may be deducted as a business expense.

Return application and check made payable to **Illinois AAHAM** to:

Paula Short
216 Rebecca Lane
Normal, IL 61761

Please check the appropriate Certification and/or vendor/provider services in each category below

Certification

If a vendor/insurer please check all services your company provides

| | | |
|---|---|--|
| <input type="checkbox"/> CRCE <input type="checkbox"/> CRCP <input type="checkbox"/> CRCS <input type="checkbox"/> CRIP <input type="checkbox"/> CCT <input type="checkbox"/> Other (please list) _____ | <input type="checkbox"/> Bad Debt Recovery <input type="checkbox"/> Billing/Claims/Insurance Billing/Follow-up <input type="checkbox"/> Biometrics <input type="checkbox"/> Coding <input type="checkbox"/> Compliance <input type="checkbox"/> Consulting <input type="checkbox"/> Denials Management/Prevention <input type="checkbox"/> Early Out Recovery <input type="checkbox"/> Fraud Prevention <input type="checkbox"/> Insurer <input type="checkbox"/> Legal <input type="checkbox"/> MA Eligibility/Social Security Disability | <input type="checkbox"/> Recruiting <input type="checkbox"/> Self Pay Recovery <input type="checkbox"/> Software/Systems <input type="checkbox"/> MA Provider Enrollment <input type="checkbox"/> Underpayment Review/Recovery <input type="checkbox"/> Other (please list) _____ _____ |
|---|---|--|