

**PENNSYLVANIA AMBULATORY SURGERY ASSOCIATION
MEMBERSHIP APPLICATION
YEAR 2016**

FACILITY/COMPANY/INDIVIDUAL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

MEMBER STATUS: () NEW () RENEW

PLEASE LIST CONTACT PERSON TO WHOM PASA INFORMATION SHOULD BE SENT:

NAME: _____ TITLE: _____

E-MAIL ADDRESS: _____

PLEASE PROVIDE ALL THE FOLLOWING INFORMATION REGARDING YOUR SURGERY CENTER:

(CHECK ALL THAT APPLY)

ACCREDITATION: ___ AAAHC ___ TJC _____ OTHER (SPECIFY) MEDICARE CERTIFIED: ___ YES ___ NO

OWNERSHIP INTEREST: LIST PERCENTAGE

_____ HOSPITAL _____ PHYSICIAN _____ MANAGEMENT COMPANY _____ OTHER

RATES RECEIVED: _____ MEDICARE ASC RATES **OR** _____ *HOSPITAL OUTPATIENT
*Please contact the PASA Administrative Office about membership eligibility

DATE OPENED: _____ NO. ORs: ___ (1) ___ (2) ___ (3+)

OF CASES PERFORMED IN PAST FISCAL YEAR: _____ # OF CURRENT MEDICAL STAFF MEMBERS: _____

SINGLE SPECIALTY: ___ SPECIALTY: _____ MULTI-SPECIALTY: _____

ALTERNATE REPRESENTATIVE (NAME): _____

EMAIL ADDRESS: _____

I understand that contact information may be shared with others. Check here to be excluded from a contact list. _____

MEMBERSHIP TYPE: ___ Facility Member - \$500.00
 ___ Associate Member - Individual - \$500.00
 ___ Associate Member - Organization/Vendor - \$500.00

PASA has a contractual arrangement with a lobbyist and a portion of your membership dues will be used for lobbying activities. At the end of our fiscal year, you will receive a statement detailing the percentage of membership dues that were used for lobbying activities.

PLEASE FORWARD APPLICATION AND A CHECK (PAYABLE TO PASA) TO:
PASA Administrative Secretary
Pennsylvania Medical Society
777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820, Harrisburg, PA 17105-8820