HFMA Membership Dues

Membership Dues (through May 2014)

MONTH JOINED	DUES	NEW MEMBER DISCOUNTED DUES*
December	$457	$357
January	$438	$338
February	$416	$316
March	$400	$300
April	$379	$279
May	$359	$259

** Take advantage of these new member dues by joining before May 2013.*

Or pay through May 2013 and be billed $292 in June

MONTH JOINED	DUES
December	$165
January	$146
February	$124
March	$108
April	$87
May	$67

Special Offers

25% MEMBER SAVINGS

HFMA FORUMS°

Register today for the popular HFMA Forums now at a special price. Sign up for one or all four!

REGISTER NOW $75 PER FORUM

HFMA NEWSLETTERS°

Register today for HFMA Newsletters now at a special price. Sign up for one or all three!

Healthcare Cost Containment	$75
Revenue Cycle Strategist	$85
Strategic Financial Planning	$125

° You must sign up for an HFMA membership to get this discount. For Forum details, visit hfma.org/forums. For more information on Newsletters, visit hfma.org/newsletters.

Membership Profile

Complete the member profile, making one selection from each of the organization, position and function areas that best describe your professional position.

Organization*

Select one code that best describes your work setting.

PROVIDER/PAYER SETTINGS

- ☐ Hospital or Medical Center
- ☐ Health System Headquarters/ Corporate Offices
- ☐ Ambulatory Care Clinic
- ☐ HMO, Health Plan, or Insurance Company
- ☐ Home Health Agency
- ☐ Medical Group or Specialty Practice
- ☐ Physician Practice Management Firm
- ☐ Skilled Nursing, Rehab, or Other Subacute Facility
- ☐ Third Party Administration
- ☐ Other Provider or Clinical Service (Lab, Imaging Center...)

OTHER SETTINGS

- ☐ Accounting Firm
- ☐ Collection and A/R Recovery Service
- ☐ Consulting Firm
- ☐ Law Firm
- ☐ GPO or Purchasing Alliance
- ☐ Professional or Trade Association or Publisher
- ☐ Educational Institution or Library
- ☐ Other Non Clinical/ Non Provider Setting

Position Level*

Select one code that indicates your level of responsibility.

- ☐ President, CEO, Executive Director, Administrator
- ☐ CFO/Controller
- ☐ Other Chief Officer NOT CFO or CEO (CCO, COO, CIO...)
- ☐ Vice President
- ☐ Assistant/Associate VP or Assistant/ Associate Administrator (NOT CFO)
- ☐ Director/Manager/Supervisor
- ☐ Staff Specialist or Professional (Analyst, Accountant, Consultant)
- ☐ Partner, Principal or Owner
- ☐ Clinical
- ☐ Attorney
- ☐ Other Level

Function*

Select one major functional area most relevant to your position.

- ☐ Accounting
- ☐ Administration or Operations
- ☐ Audit/Internal Audit
- ☐ Budget
- ☐ Business Development or Marketing
- ☐ Compliance
- ☐ Decision Support/Information Technology
- ☐ Finance
- ☐ Health Information (Medical Records)
- ☐ Managed Care
- ☐ Patient Access (Admitting, Registration...)
- ☐ PFS, Patient Billing and Collections
- ☐ Physician Practice Management
- ☐ Reimbursement–Government (Medicare/Medicaid)
- ☐ Reimbursement–Commercial (Managed Care)
- ☐ Reimbursement–General (Government and Commercial)
- ☐ Sales or Customer Service
- ☐ Utilization Review or Case Management
- ☐ Other Responsibility

** required information*

Membership Application

Personal Information

☐ Mr. ☐ Ms. ☐ Other

* NAME

JOB TITLE

EMPLOYER

*Preferred Mailing Address: ☐ HOME ☐ BUSINESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP

* BUSINESS TELEPHONE

* HOME TELEPHONE

MOBILE TELEPHONE

* EMAIL

ALTERNATE EMAIL

Birth date / /

Date started in health care / /

Highest education level you have completed:

☐ HIGH SCHOOL ☐ SOME COLLEGE ☐ ASSOCIATE
☐ BACHELOR ☐ MASTERS ☐ DOCTORATE

Date degree earned / /

HFMA is committed to diversity. *Your response is voluntary.*

☐ AMERICAN INDIAN/ALASKAN NATIVE
☐ ASIAN OR PACIFIC ISLANDER
☐ BLACK (NOT OF HISPANIC ORIGIN)
☐ HISPANIC ☐ CAUCASIAN ☐ OTHER

☐ Exclude my name from the online HFMA Membership Directory.

☐ Exclude my name from lists provided to outside organizations.

Membership Registration

Begin my membership the month of _____

Membership dues $ _____
See table on the reverse of this page

One-time app. fee for new members $ 30.00

HFMA Forums / Newsletters 25% Off Offer *(optional)*
See table on the reverse of this page

☐ CFO FORUM ($75) $ _____
☐ LEGAL & REGULATORY FORUM ($75) $ _____
☐ PAYMENT & REIMBURSEMENT FORUM ($75) $ _____
☐ REVENUE CYCLE FORUM ($75) $ _____
☐ HEALTHCARE COST CONTAINMENT NEWSLETTER ($75) $ _____
☐ REVENUE CYCLE STRATEGIST NEWSLETTER ($85) $ _____
☐ STRATEGIC FINANCIAL PLANNING NEWSLETTER ($125) $ _____

Total *(add all lines above)* $ _____

Sponsor Information

You do not need a sponsor to become a member.

SPONSORING MEMBER NAME AND (IF KNOWN) ID#

Chapter Affiliation

Please indicate your preferred chapter affiliation†.

To learn more about HFMA chapters, visit hfma.org.

Payment Method

☐ CHECK ENCLOSED

Credit Card:

☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

CARD NUMBER

EXPIRATION DATE

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

Affirmation

I affirm that the information I have given is true to the best of my knowledge, and I agree to abide by the HFMA Code of Ethics and the Constitution and Bylaws of the Association. To read the HFMA Code of Ethics go to hfma.org/code.

SIGNATURE DATE

Return the application with payment. By mail, send the application to: Healthcare Financial Management Association, 5195 Eagle Way, Chicago, IL 60678-1051. Or fax your completed application to (708) 531-0665, attention: MSC. Online registration is available at hfma.org/join.

†Note: If a new member does not provide a chapter affiliation, one will be assigned based on the location of their preferred mailing address. Upon application acceptance, members may request a chapter transfer by calling (800) 252-4362, ext. 2, or by sending an e-mail to memberservices@hfma.org. To learn more about the chapters in your area, visit hfma.org.

Annual regular memberships include a $30 allocation to *hfm*, the official magazine, which is not deductible from the dues. Annual dues cover membership in National HFMA and in one local chapter. Memberships are personal only and do not apply to institutions. Memberships, even those paid by employers, are not transferable.

** required information - also additional fields to be completed on the reverse of this page.*