



Philadelphia AAHAM- Application for Local Membership

American Association of Healthcare Administrative Management

Please Type or Print Clearly

Name:		Date:	
Mailing Address		Home	
City:		State:	Zip:
Daytime Phone (With Area Code)	Fax Number (With Area Code):	E-mail	
Employer Name:		Your Title:	
Local Chapter Name:		Referred by AAHAM Member (Give Name):	
Are you a member of multiple chapters? If yes, please list all. No		National Member?	National ID#

I affirm that the information I have given is true to the best of my knowledge and I agree to abide by the AAHAM Code of Ethics and the Constitution and Bylaws of the Association.

SIGNATURE:

DATE

If you wish to volunteer for a Philadelphia Chapter Committee, please check here: YES

MEMBERSHIP: The fee to become a Philadelphia member is \$35.00. If you join prior to October 1st, membership will become effective that calendar year. If you join after September 30th, 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 Philadelphia AAHAM to:
 Philadelphia Chapter
 C/O Anne DelPizzo
 PATHS, LLC
 9 Executive Campus
 Cherry Hill, New Jersey 08002

Please check the appropriate certification and/or 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"/> CHAM(NAHAM) <input type="checkbox"/> CHFP(HFMA_ <input type="checkbox"/> FHFMA(HFMA) <input type="checkbox"/> CHCS(ACA) 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 Other (Please List)

If you are interested in National Membership you can apply for both National and Local together at aaham.org.