



Ohio Association of  
Ambulatory Surgery Centers

*Ohio's premier resource  
for developing  
and growing ASCs.*

## Ohio Association of Ambulatory Surgery Centers

*Your OAASC Membership includes . . .*

**INFORMATION** on such issues as: Management, Ethics, JCAHO/AAAHC and other Accreditation Bodies, Reimbursements, Cost Reporting, Managed Care, Legislative and Regulatory Issues, Quality Benchmarking, Best Practices and Ambulatory Surgery Innovations.

**FREQUENT COMMUNICATION** on pertinent issues of concern to you in your daily activities. Telephone calls, faxes, e-mail, web page and Member List Serves are available to communicate your concerns, ask questions, and give feedback to your association.

**UP TO DATE INFORMATION** via regular emailed OAASC newsletters opportunity to share your program's news and find out what is happening across the state and throughout the country.

**EFFECTIVE ADVOCACY** before legislators, regulators, business and civic leaders, media and other organizations whose decisions impact surgical care. This work includes an active outreach and negotiation role with insurers and public payers to improve the overall reimbursements for members.

**EDUCATION OPPORTUNITIES** with OAASC conferences, seminars, monthly webinars and regional meetings that offer you new information on issues affecting ambulatory surgery in today's rapidly changing health care environment.

**SERVICE OPPORTUNITIES** to allow you to expand your leadership skills, help others achieve their goals and at the same time promote and strengthen your association.

**DISCOUNTS** on all OAASC conferences, expositions, and materials. **Plus OAASC members can now save up to 10% off their medical professionals insurance premiums!**

**NETWORKING** with others in your field and to build and strengthen your colleague / peer relationships.



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# Membership Form

\_\_\_\_\_ *New Member*

Name of Facility: \_\_\_\_\_

Corporate Owner (if applicable, must be completed to receive discount): \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: (Please include all nine digits) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Administrative Director/Business Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Director: \_\_\_\_\_ Email: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_ E-mail: \_\_\_\_\_

Corporate Contact (if applicable): \_\_\_\_\_ E-mail: \_\_\_\_\_

**1. LEGAL TYPE OF OWNERSHIP:**

- \_\_\_ Physician Partnership
- \_\_\_ LLP
- \_\_\_ LLC
- \_\_\_ S. Corp
- \_\_\_ C. Corp
- \_\_\_ Not-for-Profit
- \_\_\_ Management Contract
- \_\_\_ Joint Venture
- \_\_\_ Other: \_\_\_\_\_

**2. JOINT VENTURE:**

- \_\_\_ % Owned by Physician
- \_\_\_ % Owned by Hospital
- \_\_\_ % Owned by \_\_\_\_\_
- \_\_\_ Not applicable

**3. ACCREDITATION:**

- \_\_\_ JCAHO
- \_\_\_ AAAHC
- \_\_\_ AAAASF
- \_\_\_ Other: \_\_\_\_\_

**4. FACILITY SPECIALITY/SERVICES PROVIDED:**

- \_\_\_ Single Specialty: \_\_\_\_\_
- \_\_\_ Multi Specialty: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Other: \_\_\_\_\_

**5. FACILITY TYPE:**

- \_\_\_ Freestanding
- \_\_\_ Within a Hospital

**7. Year Opened (Opening):**

\_\_\_\_\_

**6. ADDITIONAL INFORMATION:**

- \_\_\_ Number of Operating Rooms
- \_\_\_ Number of Procedure Rooms
- \_\_\_ Annual Number of Surgeries
- \_\_\_ Year Opened

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Application to Ohio Association of Ambulatory Surgery Centers implies acceptance of emails, faxes, and other correspondence from this organization.**

I do **not** give my permission to be solicited for OAASC PAC Contributions.

