

Ohio Association of Ambulatory Surgery Centers

Ohio's premier resource for developing and growing ASCs. 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 <u>your</u> 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.



Membership Form

____New Member

Ohio's premier resource for developing and growing ASCs.

orporate Owner (ii applicable, iiii	ust be completed to receive c	liscount):	
acility Address:			
ty:	State:	Zip: (Please include all n	ine digits)
elephone: ()		Fax: ()	
dministrative Director/Business I	Manager:	Emai	l:
edical Director:		Email:	
rector of Nursing:		E-mail:	
-			
S. Corp	ip	2. JOINT VENTURE: % Owned by Physician% Owned by Hospital% Owned byNot applicable	3. ACCREDITATION:JCAHOAAAHCAAAASFOther:
FACILITY SPECIALITY/SERVICES PROVIDED:		5. FACILITY TYPE:	6. ADDITIONAL INFORMATION
_Single Specialty:		Freestanding	Number of Operating Rooms
_Multi Specialty:		Within a Hospital	Number of Procedure RoomsAnnual Number of Surgeries
		7. Year Opened (Opening):	Year Opened
Other:			

correspondence from this organization.

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

Dues Calculation

FORMULA: Take the total number of patients on which you performed procedures between January 1, and December 31 of the most recent year (estimated to year end if in the last quarter of the year) receyear and multiply by \$.75 per patient, up to a maximum of \$2,250 (3,000 patients per year). If your facility has been in existence for less than 1 year, please pay the minimum of \$750.00.

If your ASC is part of a corporation, larger or multiple center system, you are entitled to a volume discount <u>based on the number of total facilities that are joining</u>. The discounts are as follows.

- **2 Facilities**: 25% Discount for Each Facility. Use the original calculation .75 x number of patients at the facility, then subtract 25%. Maximum Payment: \$1,687.50 (Both facilities must join)
- **3 Facilities**: 30% Discount for Each Facility. Use the original calculation .75 x number of patients at the facility, then subtract 30%. Maximum payment per facility would be \$1,157.00 (All three facilities must join).
- **4 or More Facilities**: 35% Discount for Each Facility. Use the original calculation .75 x number of patients at the facility, then subtract 35%. Maximum payment: \$1,462.50 (At least 4 facilities must join)

Minimum Payment: \$750.00 Maximum Payment: \$2,250.00

In accordance with the OAASC Code of Regulation, all applications for membership are reviewed and approved by the OAASC Board of Trustees prior to final acceptence. Approval of membership in the OAASC is solely under the discretion and approval of the Board of Trustees

Payment Information:
Method of PaymentVISAMasterCardAMEXCheck (enclosed)
Check made payable to: <u>OAASC</u> , Send to: P.O.Box 340225, Columbus, OH 43234 Or, if paying by credit card, complete the information below and fax to (614) 467-2071
Cardholder's Name
Billing Address
Card #//////Exp ////
Authorized Signature & Date
Amount Enclosed: \$