

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 <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.

OAASC Ohio Association of Ambulatory Surgery Centers Ohio's premier resource for developing and growing ASCs.	•	New Member
Corporate Owner (if applicable, must be completed to receive	discount):	
Facility Address:		
City:State:	Zip: (Please include all r	nine digits)
Felephone: ()	Fax: ()	
Administrative Director/Business Manager:	Ema	il:
Medical Director:		
Director of Nursing:		
Corporate Contact (if applicable):	E-mail:	
I. LEGAL TYPE OF OWNERSHIP: Physician Partnership LLP Not-for-Profit LLC Management Contract S. Corp Joint Venture C. Corp 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:	5. FACILITY TYPE:	6. ADDITIONAL INFORMATION:
Single Specialty:	Freestanding	Number of Operating Rooms
Multi Specialty:	Within a Hospital	Number of Procedure Rooms
	7. Year Opened (Opening):	Annual Number of Surgeries Year Opened
Other:		
Signature of Applicant:	Deter	

H do<u>not</u> 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 Payment __VISA __MasterCard __AMEX __Check (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: \$_____

PLEASE BE SURE TO INCLUDE BOTH PAGES OF THE MEMBERSHIP FORM WITH YOUR PAYMENT. Thanks!