



IDAHO AMBULATORY SURGICAL CENTER ASSOCIATION

2006 Facility Membership Renewal Application

Name of Facility:

Address of Facility:

Phone:

Fax

Administrator:

Email:

IASCA sends all correspondence electronic. It is very important we have your email address to receive information.

Is your facility Accredited by: [] AAAHC [] JCAHO [] AAAASF [] AOA

[] Pending (list date of inspection) _____

Your facility must be certified by Medicare to be a member of IASCA. If your status is pending please list your date of inspection: _____

Number of dedicated operating rooms:

OWNERSHIP INFORMATION

[] Independently Owned [] Hospital/Physician joint venture (list % of hospital ownership) _____

[] Corporate owned [] Other specify _____

To determine dues, follow the formula below:

Number of patients handled by your facility in 2005 (Jan – Dec) _____ x \$0.30 = \$ _____

Minimum Dues \$400 Maximum Dues \$2,000

We are also asking that each facility Administrator and physician owner become Associate member at \$350.00 each. Those will be listed on the attached page.

Nursing Director: ,

Email:

Medical Director

Email:

Go to page 2 for payment options

Membership Application Page 2

Mailing/Listing Information

Where do you want IASCA mail delivered?	Business	Home	
Where do you want IASCA e-mail delivered?	Business	Home	Neither
Which address should be listed in the directory?	Business	Home	Neither

Center Name:

Owner list

Credit card information:

Card number _____ Expiration Date: _____

Name on Card _____ Signature: _____

Fax credit card membership to IASCA – 208-344-7903

Send checks made out to IASCA

Idaho Ambulatory Surgery Center Association, c/o Sheri Sass, P.O. Box 2668, Boise, ID 83701