PENNSYLVANIA AMBULATORY SURGERY ASSOCIATION

2020 Membership Application

PASA, PO Box 8820, Harrisburg, PA 17105-8820

MEMBERSHIP TYPE:

- ☐ Facility Member $650.00
- ☐ Associate Member – Organization/Vendor $650.00
- ☐ Associate Member – Individual $650.00

FACILITY/COMPANY/INDIVIDUAL NAME: ____________________

ADDRESS: ____________________

CITY, STATE, ZIP ____________________ TELEPHONE: ____________________

PRIMARY CONTACT/TITLE: ____________________

EMAIL ADDRESS: ____________________

SECONDARY CONTACT/TITLE: ____________________

EMAIL ADDRESS: ____________________

PLEASE PROVIDE **ALL** OF THE FOLLOWING INFORMATION REGARDING **YOUR SURGERY CENTER**:

DATE OPENED: ______________ **ACCREDIATATION**: ☐ AAAASF ☐ AAAHC ☐ JACHO ☐ TJC ☐ OTHER: _____

MEDICARE CERTIFIED: ☐ YES ☐ NO **RATES RECEIVED**: ____ MEDICARE ASC RATES **OR** ____ *HOSPITAL OUTPAT.**

OWNERSHIP INTEREST: LIST PERCENTAGE

_______ **PHYSICIAN** ________ **HOSPITAL** ____________________ **MGT CO % & NAME** ____________________ **HEALTH SYSTEM % & NAME** ____________________ **OTHER**

 # OF CASES PERFORMED IN PAST FISCAL YEAR __________

 # OF OPERATING ROOMS __________ **# OF PROCEDURE ROOMS** __________ **# OF STAFF** __________

SINGLE SPECIALTY: ☐ YES ☐ NO **MULTI-SPECIALTY**: ☐ YES ☐ NO

SPECIALTY(IES): ____________________

**Please contact PASA Administrative Office about membership eligibility*

I understand that contact information may be shared with others. ☐ Check here to be excluded from a contact list.

NOTE: PASA has a contractual arrangement with a lobbyist and a portion of your membership dues will be used for lobbying activities. At the end of our fiscal year, you will receive a statement detailing the percentage of membership dues that were used for lobbying activities.

☐ Check/Money Order is enclosed

☐ I would like to pay my dues by Visa, MasterCard, Discover, AMEX

CC # ____________________ Exp. Date ________ CVV Code: __________

Name printed on card: ____________________ Total Amount to be charged $______________

Signature: ____________________