



# Association of Healthcare Auditors and Educators

## Membership Application

### Individual AHCAE Member Benefits

- New Member
- Renewal

- AHCAE Membership for 2-years
- Member Discounts to AHCAE Conferences and Workshops
- Exclusive "Members Only" Login Page for benefits / resources
- Receive periodic notices or updates to regulatory information and educational resources / tools
- Gain exposure and recognition in the industry with a foundational credential
- Discounts on Numerous Products, Software and Resources
- Participate and listen in on member only Case Study(s) as available – Free!

▪ *For Corporate Membership, please contact our office.*

**INSTRUCTIONS:** Please provide all of the information requested and mail or fax the completed application to the AHCAE at the address or fax number shown below. Your payment (check, credit card or money order) must be included with this application in order for it to be processed.

Preferred Correspondence:  Email or  Postal Mail  Home or  Business

\_\_\_\_\_  
**First name** **Middle name** **Last name**

\_\_\_\_\_  
**Degree /Certifications**

\_\_\_\_\_  
**Home address** **City / State** **ZIP**

\_\_\_\_\_  
**Home phone (include area code)** **Cell phone (include area code)**

\_\_\_\_\_  
**Company** **Title**

\_\_\_\_\_  
**Business address** **City / State** **Zip**

\_\_\_\_\_  
**Business phone (include area code)** **Fax (include area code)**

\_\_\_\_\_  
**E-mail address (Primary)** **E-mail address (Secondary)**

<p><b>Please answer the following.</b></p> <p>1. May we list you in our Membership Directory? Yes No</p> <p>2. Interested in hosting an educational event? Yes No</p> <p>3. Which category <i>best</i> describes your current position?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Auditor</td> <td><input type="checkbox"/> Case Manger</td> <td><input type="checkbox"/> Coder /Biller</td> </tr> <tr> <td><input type="checkbox"/> Clinician</td> <td><input type="checkbox"/> Compliance</td> <td><input type="checkbox"/> Consultant</td> </tr> <tr> <td><input type="checkbox"/> Educator</td> <td><input type="checkbox"/> Legal</td> <td><input type="checkbox"/> DME / Pharm.</td> </tr> <tr> <td><input type="checkbox"/> HIM</td> <td><input type="checkbox"/> Research</td> <td><input type="checkbox"/> Technology</td> </tr> <tr> <td><input type="checkbox"/> Clinical Documental Specialist</td> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table> <p>4. Be sure to update your membership profile and gain access to member benefits by visiting;</p> <p style="text-align: center;"><b>www.ahcae.org</b></p>	<input type="checkbox"/> Auditor	<input type="checkbox"/> Case Manger	<input type="checkbox"/> Coder /Biller	<input type="checkbox"/> Clinician	<input type="checkbox"/> Compliance	<input type="checkbox"/> Consultant	<input type="checkbox"/> Educator	<input type="checkbox"/> Legal	<input type="checkbox"/> DME / Pharm.	<input type="checkbox"/> HIM	<input type="checkbox"/> Research	<input type="checkbox"/> Technology	<input type="checkbox"/> Clinical Documental Specialist	<input type="checkbox"/> Other (specify)		<p><b>PAYMENT: 2 YEAR MEMBERSHIP FEE: \$175.00</b>  <i>*Students Only -\$75.00 ____ (initial)</i></p> <p>Please charge: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover        Cardholder name: _____</p> <p>Card number: _____</p> <p>Expiration date: ____/____ Security Code: <input style="width: 40px;" type="text"/> Amt: \$_____</p> <p>Billing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cardholder signature: _____</p> <p><b>Mail:</b>  <b>AHCAE</b>  <b>6140-K6 S. Gun Club Rd., #292</b>  <b>Aurora, CO 80016</b></p> <p><b>Email to: info@ahcae.org</b>  <b>Fax to: 303-373-9667</b>  <b>Phone: 800-505-7690</b></p>
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