



PO Box 140357, Boise, ID 83714 Phone: 208-658-9007 Fax: 208-658-4511 Email: sherisass@gmail.com
www.iasca.org

2016 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
(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 2015 (Jan – Dec) _____ x \$0.30 = \$ _____

Minimum Dues \$300

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



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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

Owner Email

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Number of patients in 2015 _____ X .30 cents = \$ _____ (minimum \$300)

Number of Associate members for 2016 _____ X \$350 = \$ _____

Total dues for 2016 \$ _____

Credit card information:

Card number _____ Expiration Date: _____

3 or 4 digit code on the back of card _____

Address statement for this card is mailed to: _____

Name on Card _____ Signature: _____

Fax credit card membership to IASCA – 208-658-4511

Send checks made out to IASCA

Idaho Ambulatory Surgery Center Association, c/o Sheri Sass, P.O. Box 140357, Boise, ID 83714