IASCA

IDAHO AMBULATORY SURGERY CENTER ASSOCIATION

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

2017 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 2016 (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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www.iasca.org

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 2016 _____ X .30 cents = $_____ (minimum $300)

Number of Associate members for 2017 _____ X $350 = $ _____

Total dues for 2017 $_____

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**