



LMGMA Membership Application 2010

ACTIVE MEMBER: Louisiana resident primarily responsible for medical practice management in physician and medical group practices.

ALLIED MEMBER: Louisiana resident employed in setting such as hospital, school, medical society, PHO, MSO, PT practice, home health service, or ancillary service.

AFFILIATE MEMBER: Includes exhibitors, bankers, attorneys, CPAs, vendors, and sponsors.

STUDENT MEMBER: Fulltime student in healthcare administration program in accredited university. Further details on website link below.

* Membership categories, bylaws, ethics code detailed at www.lmgma.org

I am applying as an

- Active \$100
- Allied \$100
- Affiliate \$225
- Student (Free)

Please Fill In Each Line OL-2010

Member Information

Full Name _____ Job Title _____
 E-Mail _____ Telephone: _____

- I am a member of National MGMA I am a member of ACMPE: Nominee Certified Fellow

Affiliate Member: What is the primary purpose of your company? _____

Practice Information

Practice (or organization) name: _____

~ Specialty _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Website: _____

FullTime Physicians _____ PartTime Physicians _____ NP _____ PA _____

Other: _____ Total Employees _____

Software:

Do you have an electronic medical records system? ____ Which system do you have? _____

Medicaid - Medicare

MEDICAID: Number of your providers who accept Medicaid patients _____ % of your patients who are Medicaid _____

MEDICARE : Number of your providers who accept Medicare patients _____ % of your patients who are Medicare _____

Permission

MGMA communicates with members via e-mail, postal mail, telephone, and fax.

- Please check here if you prefer **not** to receive communications from LMGMA
- LMGMA provides a member mailing list to corporate sponsors. **Please check here to OPT OUT.**
- Photographs are taken at our conferences and workshops and could be used in corporate newsletters, on the LMGMA website, and brochure advertising. **Your enrollment as a member and signature on this form grants permission for this activity.**

 Member Signature _____ Date _____

Signature Required

Mail this form with your dues check to:

Louisiana MGMA
P.O. Box 60275
Lafayette, LA 70596

Tel: 337-984-9777 Fax: 1-866-816-1955 www.lmgma.org