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FACILITY MEMBERSHIP INVOICE AND APPLICATION

MEMBERSHIP LEVEL:

Facility Membership dues based on case volume

This Membership is available to physician-owned hospitals. The dues formula for this membership is based on case volume, including inpatient, outpatient and pain cases from January to December of the previous calendar year (2017) - with a \$4,000 minimum and \$20,000 maximum membership fee. Members shall receive full benefits and one vote.

Please use the following formula to calculate your facility's member dues:

Case volume in 2017

(Inpatient, outpatient and pain cases from January to December) _____

Multiply x \$2.00

Dues Total _____

(Minimum \$4,000; Maximum \$20,000)

New Facility Membership through First Year of Business \$4,000

This Membership is available to physician-owned hospitals that are in their first year of business. Members shall receive full benefits and one vote.

Under Construction Facility Membership \$2,500

This Membership is available to physician groups considering development, facilities that are under development or missed the December 31, 2010 deadline, and ASC's considering conversion or in the process of converting. Members shall receive full benefits and one vote.

MEMBER INFORMATION:

Main Contact _____ Email _____

Facility Name _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Fax _____

Please make check payable to PHA

Remit application and payment to:

Physician Hospitals of America
2025 M Street NW, Suite 800
Washington, DC 20036