



Corporate Membership Information

What is a Corporate Membership?

A corporate membership is intended for companies with six or more employees who are interested in becoming members of or maintaining membership through AAPC. This type of membership, purchased by the corporation, has been designed to save the employer money. A corporate membership consists of ten "spaces". This allows for employees to be added to or removed from the corporate membership at any time. Membership dues are not transferable to or from a corporate membership. The company designates one person as the corporate contact, who then represents all members on the corporate membership. A local chapter does not qualify for a corporate membership.

Corporate Membership Includes

- Twelve monthly issues of the *AAPC Health Business Monthly* news magazine
- Member ID card for each corporate member
- Access for corporate members to all AAPC services, programs, and discounts

Current Individual Membership Changing to Corporate Membership Status

- Individual renewal date and continuing education units (CEUs) will be prorated to corporate renewal date
- Once added to a corporate membership, individual membership dues are nonrefundable
- Individual membership dues are not applicable to corporate membership dues
- Employees must be notified in advance before being added to a corporate membership

Cost

- The annual corporate membership fee is \$900 payable by corporate check or credit card, for up to ten employees
- Additional members may be added to a corporate membership at a prorated amount based on the renewal date; call the corporate membership department for prorated cost
- Memberships will not be processed from a purchase order
- Payment and the Corporate Membership Agreement must be received in order to process membership

Refund Policy

- All memberships are non-refundable
- Any overpayments will be converted into "open spaces" on the corporate membership

To Maintain your AAPC Credentials and Continue Membership Benefits

- To view current credential requirements go to www.aapc.com. Continuing Education
- Each CEU credit source must be itemized in detail by using the online CEU Tracker, found by logging into www.aapc.com
- Failure to completely itemize credit source may result in incomplete credit and/or denial of submitted credits
- CEUs must be earned during the current two year renewal period
- Proof of CEUs will no longer be required to be submitted to AAPC unless chosen for verification.
- Members chosen for verification will be notified via email and mail.
- For a current list of our approved CEU vendors, visit our website at www.aapc.com

Procedures

- A courtesy renewal notice will be mailed and/or emailed to the corporate contact and each certified member on the corporate membership
- The *AAPC Health Business Monthly* news magazines and correspondence will be sent to each individual at the address indicated on the corporate enrollment form
- It is the corporate contact's responsibility to notify AAPC of any and all changes; all change requests must be submitted in writing via email, fax, or mail. Changes may also be made to the corporate membership by logging into www.aapc.com.
- If an assistant will be handling payment and/or changes made to the corporate membership; they must be listed as the corporate contact
- All new member packets, and updated membership cards will be mailed to the corporate contact for distribution to each corporate member
- The corporate contact will not be listed as a member of the corporate membership unless listed on the enrollment form
- Allow approximately four weeks for processing
- All memberships are processed in the order in which they are received
- Corporate contacts will be responsible to keep current lists of any members listed on the corporate membership.
- All forms submitted to AAPC corporate membership department must be current. Spreadsheets of any kind are not acceptable as enrollment forms

AAPC

Corporate Membership Department

P.O. Box 35199

Seattle, WA 98124

800-626-2633 ■ Fax 801-236-2258 ■ www.aapc.com



Corporate Membership Agreement

- Corporate Membership \$900 (up to 10 individuals) ___ New ___ Renewing
- Additional Memberships (# _____) \$90 each ___ New ___ Renewing

Company (where membership will be sent - no post office box allowed)				
Company Name				
Corporate Contact	(Last)	(First)	(Middle)	Work Phone
Work Address				Work Fax
Address Line 2				Home Phone
City/State/Zip				Cell
				E-Mail

Corporate Membership ID Number: _____

Method of Payment	
Amount \$ _____	<input type="checkbox"/> Company Check/Money Order Enclosed (personal checks not accepted) <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Card # _____ Exp Date ___ / ___	Signature _____
Print Card Holder's Name: _____	
Billing Address: (<input type="checkbox"/> same as above) _____	

List individual members, check home or work address for news magazine delivery
 * Agreement must be filled out in its entirety in order to be processed

Member ID _____

1. Personal Information (where magazines will be sent - no post office box allowed)				
Name				
(Last)		(First)		(Middle)
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work				Work Phone
Home Address				Work Fax
City/State/Zip				Home Phone
Work Address				Cell
City/State/Zip				E-Mail

Member ID _____



2. Personal Information (where magazines will be sent - no post office box allowed)

Name (Last) (First) (Middle)		
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work		Work Phone
Home Address		Work Fax
City/State/Zip		Home Phone
Work Address		Cell
City/State/Zip		E-Mail

Member ID _____

3. Personal Information (where magazines will be sent - no post office box allowed)

Name (Last) (First) (Middle)		
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work		Work Phone
Home Address		Work Fax
City/State/Zip		Home Phone
Work Address		Cell
City/State/Zip		E-Mail

Member ID _____

4. Personal Information (where magazines will be sent - no post office box allowed)

Name (Last) (First) (Middle)		
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work		Work Phone
Home Address		Work Fax
City/State/Zip		Home Phone
Work Address		Cell
City/State/Zip		E-Mail

Member ID _____

5. Personal Information (where magazines will be sent - no post office box allowed)

Name (Last) (First) (Middle)		
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work		Work Phone
Home Address		Work Fax
City/State/Zip		Home Phone
Work Address		Cell
City/State/Zip		E-Mail

Member ID _____



6. Personal Information (where magazines will be sent - no post office box allowed)

Name (Last) (First) (Middle)

Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID _____

7. Personal Information (where magazines will be sent - no post office box allowed)

Name (Last) (First) (Middle)

Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID _____

8. Personal Information (where magazines will be sent - no post office box allowed)

Name (Last) (First) (Middle)

Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID _____

9. Personal Information (where magazines will be sent - no post office box allowed)

Name (Last) (First) (Middle)

Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail



Member ID _____

10. Personal Information (where magazines will be sent - no post office box allowed)	
Name	(Last) (First) (Middle)
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

I verify that the above company employs the individuals included in this corporate membership. I hereby attest that I have read and understand the corporate membership information and that the above information is true and accurate to the best of my knowledge. If deemed false, I understand that civil and criminal prosecution, as well as disciplinary action with regards to membership and certification with AAPC, will result.

I hereby certify that I have read, understood and agree to abide by the AAPC's Code of Ethics. I understand and agree that my failure to abide by the AAPC's Code of Ethics, as determined in the discretion of the AAPC, at any time hereafter, may result in the loss of all credentials conferred upon me by AAPC, and of my membership in AAPC and/or corporate contact status.

_____ (initial space)

The Code of Ethics may be found at www.aapc.com under About Us.

Corporate contact: _____ Date: _____

How did you hear about us? ___ Local Chapter ___ Coding Edge ___ Website ___ Direct Mail

Other: _____