

WASHINGTON AMBULATORY SURGERY CENTER ASSOCIATION



LEGAL NAME OF FACILITY _____

ADDRESS OF FACILITY _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____

LEGAL TYPE

- | | | | | |
|--|--------------------------|-----------------------|-------|----------------------|
| <input type="checkbox"/> LLC | <input type="checkbox"/> | PHYSICIAN PARTNERSHIP | _____ | % OWNED BY PHYSICIAN |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> | MANAGEMENT CONTRACT | _____ | % OWNED BY HOSPITAL |
| <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> | OTHER | _____ | % OWNED BY OTHER |

ACCREDITATION

PLEASE ENCLOSE A COPY OF ONE OF THE FOLLOWING CERTIFICATES WITH YOUR PAYMENT.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> AAAHC ACCREDITATION | <input type="checkbox"/> MEDICARE # |
| <input type="checkbox"/> THE JOINT COMMISSION | <input type="checkbox"/> AAAASF |
| <input type="checkbox"/> OTHER _____ | |

FACILITY TYPE

- | | |
|---|---|
| <input type="checkbox"/> FREE-STANDING | <input type="checkbox"/> SINGLE PHYSICIAN WITH ONE OPERATING ROOM |
| <input type="checkbox"/> MULTI-SPECIALTY | <input type="checkbox"/> HOSPITAL AFFILIATED |
| <input type="checkbox"/> SINGLE-SPECIALTY | <input type="checkbox"/> IF SINGLE SPECIALTY, PLEASE IDENTIFY _____ |

NUMBER OF OPERATING SUITES _____ NUMBER OF ANNUAL SURGERIES _____
 NUMBER OF PROCEDURE ROOMS _____ NUMBER OF ANNUAL PROCEDURES _____
 YEAR OPENED _____

PERSONNEL

ADMINISTRATOR: _____ EMAIL: _____
 BUSINESS MANAGER: _____ EMAIL: _____
 MEDICAL DIRECTOR: _____ EMAIL: _____
 CLINICAL DIRECTOR: _____ EMAIL: _____

MEMBERSHIP FEE SCHEDULE

**MEMBERSHIP FEES ARE DUE UPON JOINING AND ARE BILLED ANNUALLY.

- \$ 1,500.00 FOR ASC PERFORMING 2500 OR MORE CASES PER YEAR PER CENTER.
- \$ 1,000.00 FOR ASC PERFORMING 1000 OR MORE CASES PER YEAR PER CENTER.
- \$ 750.00 FOR ASC PERFORMING 500 OR MORE CASES PER YEAR PER CENTER.
- \$ 750.00 FOR MEDICAL GROUP.
- \$ 350.00 FOR ASC NOT YET OPERATIONAL.
- \$ 350.00 SINGLE PHYSICIANS.

** PURSUANT TO IRS CODE SECTION 6033(e), WASCA HEREBY PROVIDES NOTICE THAT 40% OF MEMBERSHIP DUES WILL BE ALLOCATED TO LOBBYING ACTIVITIES IN 2010.

PLEASE MAKE YOUR CHECK PAYABLE TO: **WASCA**

MAIL CHECK, APPLICATION, AND ACCREDITATION CERTIFICATE TO:
WASCA
 17837 1ST AVENUE SOUTH PMB #306
 NORMANDY PARK, WA 98148

Administrative Use Only

CHECK # _____

AMOUNT \$ _____

DATE REC'D _____

BATCH # _____