



Practice Administrator Membership Application

Helping Cardiovascular Professionals
Learn. Advance. Heal.

As an administrator or managing physician you need valuable benefits that make a practical difference. ACC's Practice Administrator membership offers you...

NEWS directly affecting practice and the latest in cardiovascular medicine

- *Journal of the American College of Cardiology (JACC)*
- *Advocacy Weekly* – targeted and timely legislative updates
- *Cardiology* – breaking news and innovative research

KEY RESOURCES, guidelines and standards in cardiology

- *CardioSource.com* – clinical trial summaries, image database
- *CardioSmart.com* – practice solutions and patient education tools
- National Cardiovascular Data Registry (NCDR)
- ACC/AHA Guidelines and Clinical Competence Statements
- MGMA and MedAxiom benchmarking resources
- Workforce resources – physician work policies, mid-level provider roles, etc.
- ACC Cardiology Careers online job bank

LEADERSHIP, networking, and professional education opportunities

- Advanced Cardiology Leadership Workshop
- Practice programs at ACC annual meeting

PARTICIPATION and information on leading care initiatives

- IC3 (Improving Continuous Cardiac Care); PAR3; PQRI; TakeACTION to decrease secondary coronary events
- Other quality care initiatives

ADVOCACY on issues directly affecting cardiovascular practice and patient care

- Payer issues among health plans and government payers
- HIPAA privacy, security, and transactions information
- Medical policy and reimbursement issues

FIND OUT MORE AT

www.acc.org/practicemgt/practice_management.htm

*Join the
ACC Today!*

**Advance cardiology
practice management
and patient care
through advocacy,
leadership, networking,
education, quality
initiatives, and more!**

SAVE \$100

Apply by May 31, 2008

**Take \$100 off
membership fee!**



Practice Administrator Membership Application

1. Full Name (please print):

First _____ Middle name/initial _____ Last _____

2. Your title: _____

3. Complete Practice Name (please do not abbreviate): _____

*** PLEASE INDICATE PREFERRED MAILING ADDRESS #4 OR #5**

4.* Primary Practice Office Address:

Street _____ City _____ State ____ Zip Code _____

5.* Your Preferred Address if not at the primary practice address:

Street _____ City _____ State ____ Zip Code _____

6. Your Email: _____

Fax: _____ Telephone: _____ Other phone: _____

7. Practice Setting, please check one:

Group Practice Multi-Specialty Solo Practice Other (please specify): _____

8. Practice size:

Personnel in practice: Total number _____ And specify:

Please check one: Cardiologists Other physicians Mid-level (RN,PA,etc.)

<input type="checkbox"/> Small (1 office)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 1-3	<input type="checkbox"/> 1-3
<input type="checkbox"/> Medium (2-4 ofcs)	<input type="checkbox"/> 4-10	<input type="checkbox"/> 4-10	<input type="checkbox"/> 4-10
<input type="checkbox"/> Large (5+ offices)	<input type="checkbox"/> 11+	<input type="checkbox"/> 11+	<input type="checkbox"/> 11+

9. Payment (please include with your application):

\$250.00 or \$200.00 if you are a current member of MGMA or MedAxiom plus \$25 application fee

Check (payable in U.S. funds drawn on a U.S. bank) Check # _____

Mastercard VISA American Express Discover

Card # _____ CSC# (3 digits) _____ Exp. date _____

Signature (required): _____ Date: _____

Please use ONE of these methods to register:

MAIL application and payment to:
ACC Membership
2400 N Street, NW, Washington DC 20037

EMAIL at:
membership@acc.org

Tel: (202) 375-5439
Fax: (202) 375-6842