



2016 Membership Application

Please duplicate this application and complete if you are applying for MASA membership for more than one freestanding ASC.

Name of Facility(s) _____

Name of Corporation (if applicable) _____

Center Representative / Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-Mail _____

Please answer the following to assist MASA in building a valuable database of information on Maryland's ambulatory surgery centers.

Number of dedicated operating rooms _____ procedure rooms _____

The Facility is: independently owned Corporately owned Hospital owned Joint Venture

Partners (specify) _____

1. Is your facility accredited? Yes No If yes, by whom? _____

Joint Commission AAAHC AAAASF AAPSF Other _____

2. Does your facility have a Certificate of Need? Yes No

3. Does your facility have a CON letter of exemption from the Health Resources Planning Commission? Yes No

4. How many cases did your facility perform last year? _____

5. Type of facility? Single Specialty Multi-Specialty

6. What subspecialty performs the most procedures at your center? _____

7. Is your center keeping patients for an extended recovery periods (23 hr. stay)? Yes No

Information contained herein is for MASA use only.

1 st Time Member (or Welcome Back)	\$ 200.00
Single Surgery Center	\$ 325.00
Company with Multiple ASCs or Corporate Owned ASCs	\$ 350.00 , each additional center \$200.00

Dues must be paid by January 15th, 2016

Payment Options:

_____ Check enclosed (Please make checks payable to MASA, address below)

_____ Visa _____ MasterCard _____ American Express

Card Number _____ Exp. Date _____

Security Code _____

Billing Address _____

Signature _____

Print Name as it appears on the card _____

MASA
P.O.Box 5859
Pikesville, MD 21282
Attention: Andrea M. Hyatt, CASC

MASA needs active participation by members on its committees. Please indicate your interest(s):

Board of Directors Membership Event Planning Legislative