



MASA

Maryland Ambulatory Surgery Association

2019 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 _____

To better represent our members, please consider sharing the following information.

Year Established _____ Number of dedicated Operating Rooms _____ Procedure Rooms _____

The Facility is: Independently owned Corporate owned Hospital owned Joint Venture

If a Joint Venture, please check all that apply:

Physicians Corporate Partner Hospital Management Company

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 Letter of Exemption? Yes No

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

5. Type of facility? Single Specialty Multi-Specialty

6. Please check all specialties performed at your ASC: Cosmetic Surgery Dermatology ENT
GI/Endoscopy General Surgery GYN Ophthalmology Orthopedics
Pain Management Podiatry Urology Vascular Surgery
Other: _____

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

Information contained herein is for MASA use only.

Single Surgery Center	\$ 350.00
Company with Multiple ASCs or Corporate Owned ASCs	\$ 400.00, each additional center \$250.00

Dues must be paid by January 15th, 2019

Payment Options:

_____ Register on website at mdasc.org, Pay by Credit Card via PayPal

_____ 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