



MASA

Maryland Ambulatory Surgery Association

2022 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 _____

Cell Phone _____ Email Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Website _____

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 \$ 375.00

Corporate owned with Multiple ASCs Please email Andrea or Don (info@mdasc.org)

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**