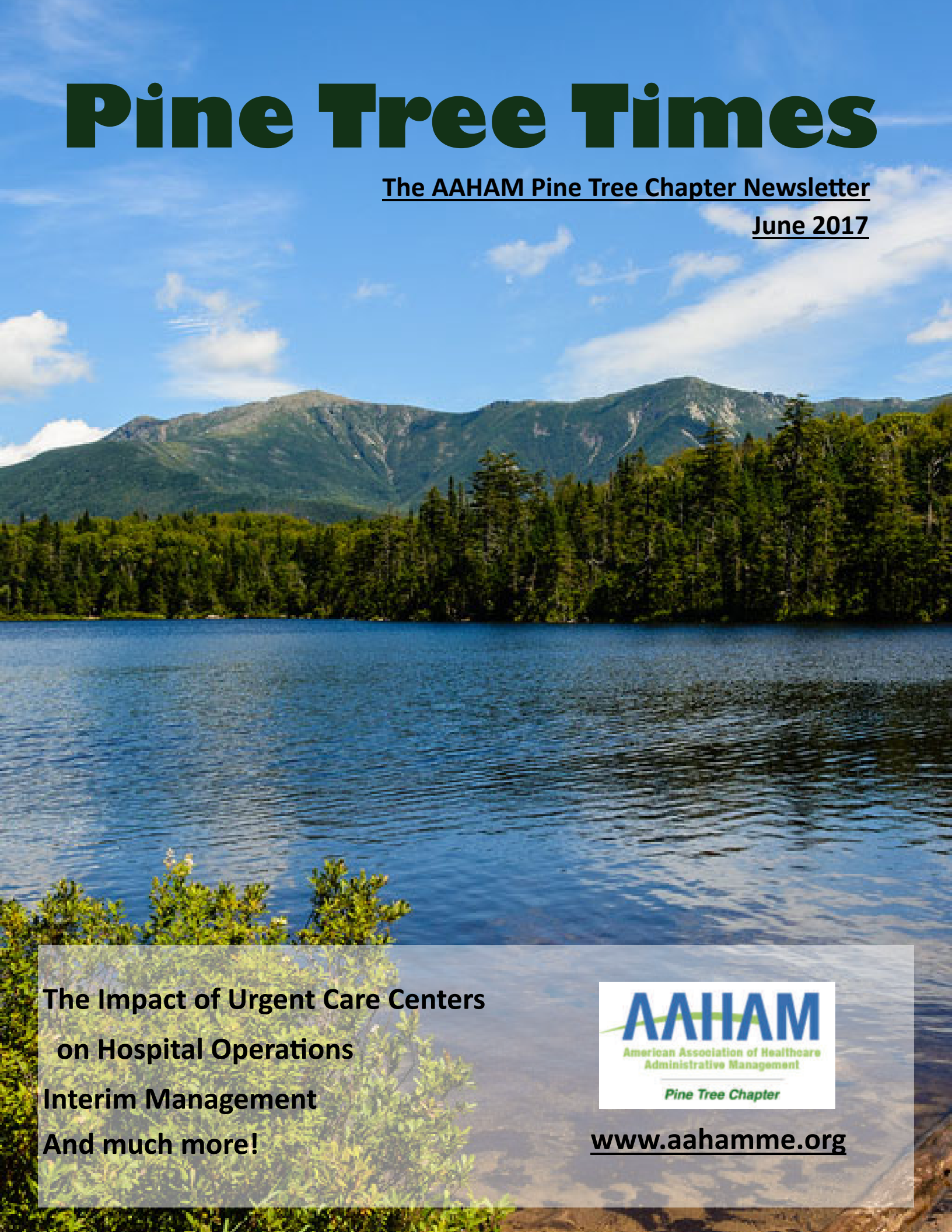
Pine Tree Times

The AAHAM Pine Tree Chapter Newsletter

June 2017



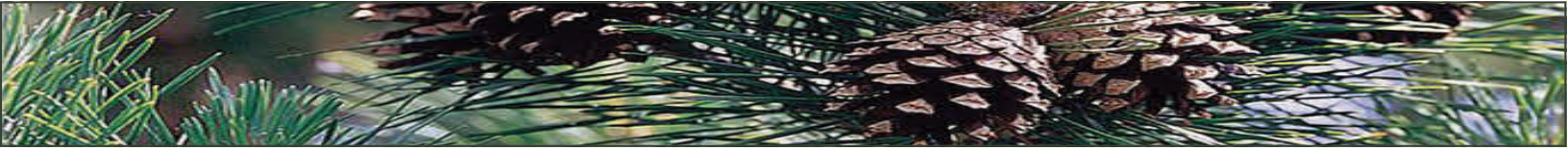
The Impact of Urgent Care Centers on Hospital Operations

Interim Management

And much more!

AAHAM
American Association of Healthcare Administrative Management
Pine Tree Chapter

www.aahamme.org



President's Message

Happy Spring!

AAHAM has been busy these past few months preparing for some upcoming events. Most recently, I and a few others from the Maine Chapter, attended the National AAHAM's Legislative Day in Washington DC. It was a wonderful event and excellent opportunity to network with members from across the country and meet with our legislators.

This year's Leg Day topic was about around Observation Stays denying Medicare Beneficiaries Access to Skilled Nursing Center Benefits. In short, Medicare beneficiaries are being denied access to Medicare's skilled nursing facility (SNF) benefits because acute-care hospitals are increasingly classifying their patients as outpatients receiving observation services, rather than admitting them as inpatients. Patients are called outpatients despite the fact they may stay for many days and nights in the hospital beds and receive medical and nursing care, diagnostic tests, treatments, meds and food, just as they would if they were inpatients. Under the Medicare statute, however, patients must have an inpatient hospital stay of three or more consecutive days, not counting the day of discharge, in order to meet Medicare's criteria for coverage of post-acute care in a SNF.

Over the last several years there have been attempts to resolve this issue, most recently the NOTICE Act and the two-midnight rule, they both reflect recognition of the problem of observation status for Medicare patients, but they are not sufficient to address the impact on SNF eligibility for beneficiaries in Observation.

Bi-partisan legislation introduced recently would create a full and permanent solution. The Improving Access to Medicare Coverage Act (S. 568 and H.R. 1421), introduced by Senators Sherrod Brown (D-OH), Susan Collins (R-ME), Shelley Moore Capito (R-WV) and Representatives Joe Courtney (D-CT) and Joe Heck (R-NV) would help Medicare beneficiaries who are hospitalized in observation by requiring that the time spent in observation be counted towards meeting the three-day prior inpatient stay.

AAHAM supports S. 568 and H.R. 142 and urges Congress to pass this critical legislation either as part of a larger healthcare reform package or on its own. During this past Leg Day event, we met with our individual legislators and to review this and urge them to sign on. For Maine's part, I partnered with groups from CT and NJ, and we visited all available offices for these three states as a team, which helped ease some nervousness and also to show this as a larger national, as well as local, issue.

Leg Day is a great event, even for someone who is a political novice, such as myself. It is a great way to network with your peers and learn some of the ins and outs of how DC works. I urge anyone who is able to attend in the future, to do so.

Respectfully Submitted,
Nicole Bishop - President, Maine Pine Tree Chapter

In This Issue

Competence, Convenience Key to Attracting New Patients

by Matt Kuhrt

Apr 27, 2017 12:24pm

When patients choose a physician, convenience and trust tend to be their top criteria, according to a new study.

A survey administered by Hanover Research on behalf of Weatherby Healthcare, a medical staffing company, took a look at patient preferences when they seek out providers. The Affordable Care Act boosted access for Medicaid patients, so it's important for providers to align their practices with those patients' interests, according to Bill Heller, president of Weatherby Healthcare.

"This study shows us that patients really care about simple, hassle-free access to healthcare and doctors who are available and kind," he said in an announcement accompanying the study's release.

Among the survey's other key findings:

Online research continues to play a major role when patients look for new providers. The survey indicates patients tend to gravitate toward broad-based ratings rather than those tailored specifically to physician practices, so it pays to keep track of them and encourage patients to post reviews, even if doing so stresses out many physicians.

Cost and convenience matter. The top factors cited among patients as critical to their decision-making involved whether the practice was in-network for their insurance coverage, the out-of-pocket cost involved in using the practice and the location of the office.

Bedside manner and a positive attitude make physicians attractive to patients, according to the study, but **competence is key.** In the study, 84% of respondents rated their physician's capabilities and medical knowledge as "extremely" or "very" influential in their choice.

- When it comes to satisfaction with their current physician, the survey found a **correspondence between patient age and satisfaction**, with significantly more patients over the age of 55 satisfied with their physician than those between 18 and 34.

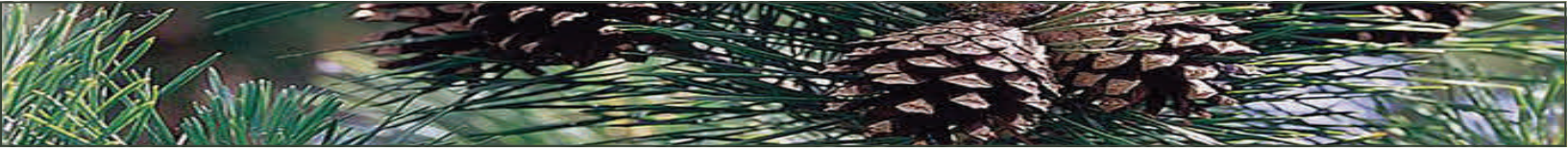
The biggest area for improvement involves **patient wait times**. The survey showed widespread patient dissatisfaction with the amount of time spent in exam rooms, waiting for a doctor or nurse to show up.

Pine Tree Chapter AAHAM

Upcoming Meetings

June 23, 2017	**Revenue Cycle**	**Italian Heritage Center, Portland**
September 8, 2017	**Third Party Payor**	**Augusta Civic Center**
November 2-3, 2017	**Annual Conference**	**Samoset**

Register online at www.aahamme.org



Lyrical Healthcare Wisdom

To Live

There once was a very cautious man,
Who never laughed or cried,
He never cared,
He never dared,
He never dreamed or tried.
And when one day he passed away,
His insurance was denied,
For since he never really lived,
They claimed he never died.

Author Unknown

When at last we are sure
You've been properly pilled,
Then a few paper forms
Must be properly filled
So that you and your heirs
May be properly billed.

~~ Dr. Seuss

Pine Tree Chapter Board

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AAHAM Presents Free Study Webinar Series For All AAHAM Certifications

Whether you are planning on taking any of the AAHAM Certification examinations, preparing for the future, or need the education to do your job better, you want to sign up for the webinar program. Statistically, those who've participated in our webinars have a higher pass rate than those who did not.

The CRCE, CRCP, and CRIP webinars will be four sessions covering each section of the exam. The CRCS and CCT will be a single session webinars covering the entire exam. These 90-minute study sessions require a computer, high-speed Internet, PowerPoint and a telephone line. The webinar includes a 60-minute presentation, a 30-minute Q-and-A period, and handout provided via email.

Registrations must be received the WEEK before each session. Earn 3 AAHAM CEUs for EACH study session attended. Please note that you will receive your confirmation and handouts via email the MONDAY BEFORE EACH WEBINAR.

The registration is for one line and one computer. The webinar format permits an unlimited amount of people to listen in from one phone. Correspondence and handouts will only be sent to the registrant. The full webinar schedule can be found on the online and downloadable registration forms.

Download the Interactive Registration Form (PDF Format)

Booming Demand: How Urgent Care Centers are Impacting Hospital Operations

Lancaster Pollard

The construction and use of urgent care centers in the health care industry has steadily increased over recent years. The growing popularity of urgent care centers presents an opportunity for hospitals to extend networks or expand partnerships in order to reach new clientele. Further, it offers an opportunity to enhance brand recognition in new and existing markets.

According to the Urgent Care Association of America (UCAOA), urgent care dates back to the late 1970s and was created with the intention of meeting a community's immediate health care needs. It was a slow but steady start for urgent care in the beginning, but the concept of seeing a physician without an appointment eventually began to gain popularity among patients. Over the past 20 years, the urgent care industry has continued to expand and earn the trust of those seeking a safe and affordable place to receive medical attention.

Today, urgent care centers are physician-staffed and typically offer extended hours (evenings and weekends), providing quality care without the costs and wait times associated with the average emergency room (ER) visit. Urgent care centers are best suited for situations that require more immediate attention; often times, this serves to be more practical than seeing a primary care provider, who can be challenged with offering consumers the hours or immediacy an illness or accident can demand.

Why the Increase in Popularity?

There are various drivers behind the recent growth of urgent care. The UCAOA estimates that growth has been steady the last several years, as between 300 to 600 urgent care centers are added per year, resulting in the current population of around 7,400 centers. Challenges on the supply side, such as difficulty in finding a primary care provider and the increase in costs associated with ER visits, are a factor in the increase. A larger demand by consumers for convenience, both in terms of proximity and hours, has also resulted in a need for more urgent care centers.

More recently, lenders and investors have recognized the success of the urgent care model and have begun to look for opportunities to participate in the ongoing growth. The business model is based on low-margin, high-volume care, as the average visit costs $150 with a total visit time of under 60 minutes in 84% of cases, compared to an ER visit that averages $1,354 and consumes four hours of wait time[1]. Costs are much lower in an urgent care setting, as detailed with some of the more commonly treated ailments shown in the chart[2] below:

Condition	ER Cost	Urgent Care Cost
Sore Throat	$525	$94
Sinusitis	$617	$112
Urinary Tract Infection	$665	$112
Strep Throat	$531	$112

An easy conclusion to reach would be that an urgent care center would draw lower-acuity patients away from emergency rooms, resulting in less overcrowding of the ER and improved efficiency. However, a study presented in April, 2016 by Grant Martsolf, et al, found that retail clinics opened near emergency departments are not associated with a material reduction in low-acuity emergency department visits[3]. This data supports the notion that urgent care centers prompt patients to seek care for conditions that might have been treated at home or at a primary care office.

continued on page 6

1. http://c.ymcdn.com/sites/www.ucaoa.org/resource/resmgr/Media/UCAOA-Infographic-UCvsER_FIN.pdf

2. https://www.debt.org/medical/emergency-room-urgent-care-costs/

3. http://www.annemergmed.com/article/S0196-0644(16)30998-2/abstract

Booming Demand: How Urgent Care Centers are Impacting Hospital Operations

continued from page 5

Thus, urgent care centers may not be an avenue for reducing ER overcrowding, but may provide an opportunity for accretive revenue through partnership or expansion. This widening of a hospital network may increase referrals and retention of patients who will seek care through urgent care centers and might find themselves referred to physicians or testing facilities within the network. If a hospital invests in quality care and branding, the uniformity of care provided in an urgent care setting will enhance a patient's overall experience and may engender confidence in the entire health care system, prompting patients to utilize other services of the hospital.

Urgent Care Association of America's 2016 Benchmark Report

- In 2015, 96% of urgent care centers said the number of patients increased and 90% anticipated growith in 2016.
- 73% of urgent care centers acquired or built a new location in 2015.
- 92% of patients report a 30 minutes or less wait time to see a provider. 90% reported a 60 minutes or less wait time.
- The top five urgent care diagnoses in 2015 were: acute upper respiratory infection, acute sinusitis, acute pharyngitis, cough and acute bronchitis.
- On average, there were seven exam/treatment rooms in urgent care centers in 2015.
- Urgent care centers reported that they handled an average of three patient care visits per hour in 2015.

Source: http://c.ymcdn.com/sites/www.ucaoa.org/resource/resmgr/benchmarking/2016BenchmarkReport.pdf

How Hospitals are Getting Involved

For hospitals interested in expanding their network to include urgent care centers there are several options. Some hospitals have pursued partnerships with an existing provider of urgent care services. This allows the hospital to step into a relationship with an existing provider that has experience in managing the low-margin environment that demands a unique staffing approach.

This partnership has benefits for both the urgent care provider and the hospital because the provider receives benefits from the local hospital's brand recognition and gains access to physicians employed by the initial investment requirements and receives another referral source. It is estimated that the majority of urgent care centers in the U.S. continue to be operated as free-standing facilities, while 20% are owned solely by hospitals and another 15% are structured as joint ventures[4]. Hospitals that pursue the partnership model must be aware of the challenges that come with information sharing beyond their existing network.

Hospitals that opt to open urgent care centers have the ability to target neighborhoods and demographics that are either underserved or have a potentially advantageous payor mix. The hospital's brand recognition can provide immediate legitimacy to the start-up centers and these centers have the ability to share complete patient information, ensuring a seamless patient experience. Hospitals pursuing this path must ensure that staffing and the scope of care provided do not tarnish the hospital's brand in the initial stages of the learning process. Traditional sources of financing for nonprofit hospitals, such as tax-exempt bonds, the U.S. Department of Housing and Urban Development (HUD)/Federal Housing Administration (FHA) Sec. 242 program, the U.S. Department of Agriculture (USDA) Business & Industry or Community Facilities program, or bank direct purchase financing, are typical options for financing these assets on a standalone basis, or as part of a larger strategic plan.

As demand for lower-cost alternatives to care that do not sacrifice quality continues to grow, opportunities for hospitals to expand into the urgent care center environment will continue to present themselves. Hospitals can act on these opportunities to grow market share and expand brand recognition, while simultaneously meeting patients' needs and providing quicker, lower-cost care than that offered in a typical ER setting.

4. http://www.modernhealthcare.com article/20170125/NEWS/170129940

Conner Girdley is a vice president with Lancaster Pollard in Atlanta.
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Keith Jones is an associate with Lancaster Pollard in Columbus.
He can be reached at kjones@lancasterpollard.com.

ATTENTION ATTENTION – HAVE YOU CHECKED OUT THE NEW AAHAM ME – PINE TREE CHAPTER WEBSITE?

Happy 2017! As some of you may or may not know, the AAHAM ME – Pine Tree Chapter website is up, running and live. There are many new and exciting changes and updates that have been made to the chapter's website. On the new AAHAM ME website (www.aahamme.org), some of what you can do:

- update your profile
- check out upcoming events
- register and pay for events with ease
- check out past content from events

We welcome and encourage you to go on to the website at www.aahamme.org and check it out. The more you use it and value it, the better tool we can make it for you. As valued participants of the chapter, we would love to hear your feedback on the website.

"In the News"

(Photo: Victoria Arocho, AP)

Should I burn a tick off? 5 common myths about ticks

Mary Bowerman — USA TODAT Network, June 5, 2017

Tick season is officially here.

A recent population boom of white-footed mice has led to an increase in ticks in the Northeast, which feed on mice blood and can acquire the bacteria that cause Lyme disease. In areas where ticks are rampant, like in the Northeast, upper Midwest and Mid-Atlantic, it's important to be on the lookout for ticks and know how to treat a tick bite.

If you've been told ticks jump off of trees and onto your body, and that the best way to remove a tick is burning it off, it's time to read up.

When it comes to ticks, there are many common myths about how to treat tick bites and remove them. We talked to Durland Fish, a Yale school of health professor of epidemiology and Kevin R. Macaluso, professor at the Louisiana State University school of veterinary medicine, about debunking tick myths.

Myth: The only way to remove a tick from the skin by burning it.

While burning a tick off the skin may seem like a satisfying and fool-proof way to get the blood-sucker off, it's also the worst way to remove it, according to Macaluso.

He notes that burning it may actually increase the risk of getting a tick-borne disease.

"Applying heat can increase [the tick's] saliva production and if its infected with something increase pathogen transmission," Macaluso said.

Beyond burning yourself, or starting a fire, you may just end up with a scorched tick attached to your skin, Fish said.

"It's mouth parts are shaped like an anchor with backward point spines, so until that tick decides it wants to release itself it's physically attached," he said.

Read the rest of the article here

Getting to Know a Board Member

Karen Clark/Treasurer

Years you have been a National Member: National Member since 2016

How did you get to where you are today professionally: Volunteered part time in the Business Office and was hired when one of the commercial billers retired

What was the last book you read: The Art of Racing in the Rain, by Garth Stein

What was your first job: Cashier at Ames Department Store

What do you never leave home without when you travel: a Diet Coke

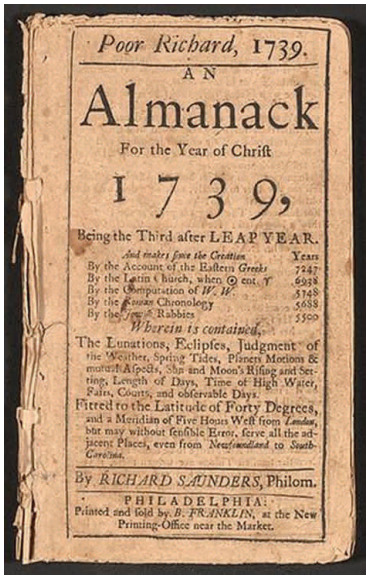
Name something most people don't know about you: I am a Disney fanatic

The world would be a better place if only: All parents would take their children to Disney World at least once during their childhood

Interim Management

Peter Angerhofer, Colburn Hill Group

Make sure there's nothing *fishy* about your Interim Managers


Poor Richard, 1739.
AN
Almanack
For the Year of Christ
1739,
Being the Third after LEAP YEAR.
And makes since the Creation Years
By the Account of the Eastern Greeks 7247
By the Latin Church, when ⊙ ent. ♈ 6938
By the Computation of W. W. 5748
By the Roman Chronology 5688
By the Jews Rabbies 5500
Wherein is contained,
The Lunations, Eclipses, Judgment of the Weather, Spring Tides, Planets Motions & mutual Aspects, Sun and Moon's Rising and Setting, Length of Days, Time of High Water, Fairs, Courts, and observable Days.
Fitted to the Latitude of Forty Degrees, and a Meridian of Five Hours West from London, but may without sensible Error, serve all the adjacent Places, even from Newfoundland to South-Carolina.
By RICHARD SAUNDERS, Philom.
PHILADELPHIA:
Printed and sold by B. FRANKLIN, at the New Printing-Office near the Market.

Writing in *Poor Richard's Almanack*, Benjamin Franklin is credited with coining the phrase, "Fish and visitors stink after three days." Like fish that begins to rot, having a houseguest for an extended period can be a challenge. New patterns of activity, sharing bathrooms or the TV remote, and just having somebody else puttering around in your kitchen gets old, and quickly.

In managing a revenue cycle, it often becomes necessary to invite in an extended houseguest – an interim manager. Prolonged illnesses, delays in filling vacancies, or short term projects can create the need for additional managerial experience. When that need arises, an internal candidate may not be available and if the need is great enough, many organizations look outside for short term help.

Like any houseguests, interim managers bring baggage, but they can also bring fresh perspectives and can inject new energy into an organization. In case you have the need for interim management, we'd like to offer some thoughts about the responsibilities of the houseguests who are about to set up shop in your spare room, about the downsides of interim management, and about how you can maximize the benefits you might get from an interim management role. With the right approach your interim director can come out smelling like a rose!

The primary responsibility of an interim manager is to take direction from leadership and execute those goals faithfully. Most often, that will mean just keeping the trains running on time. Staff scheduling, time cards, staff reviews, regular reporting, and communication with outside stakeholders will often tie up a large portion of the manager's time. But there may be other organizational priorities that need to be high on the list as well. As long as the communication of those goals is clear, the interim role should be focused on executing the tasks assigned by the leadership.

But an interim manager should also be frank about the state of the organization. It is certainly not always the case, but organizational turnover can be a sign of instability or disarray in the organization. If performance was poor under the now departed manager, there is no reason to expect it will magically get better under an interim and both sides in an interim relationship should be prepared to provide clear and honest evaluation, prepared to both speak and hear potentially hard truths.

And in that sense, the interim manager should be identifying opportunities for improvement. Recommending a multi-year implementation of a new system may not be feasible, but a good interim manager will identify opportunities that are within the scope of the role and within the timing of the role (or at least close to it.) Too many organizations largely promote from within, which creates a stale pool of ideas. A good interim manager can stir the pot of ideas and provide insight from other organizations.

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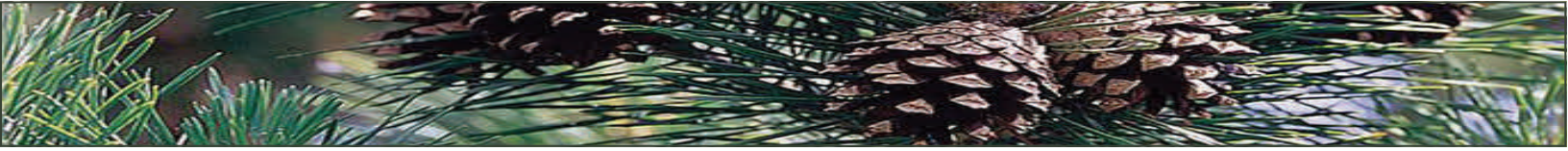

Interim Management

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Finally, whether it is related to a performance improvement effort or just day-to-day operations and whether it is imminent or at some unknown point in the future, an interim manager should be preparing for transition. For example, documenting processes during an interim period can provide a huge head start for the next permanent manager. Where specific decisions are made, capturing the thought process for the decision, perhaps along with alternatives considered, helps create an institutional history that can be passed along to future managers.

A good interim person will faithfully execute your priorities and perhaps add a few of his/her own, but bringing in an interim manager is change, and change can be a traumatic. **Without a doubt, interim roles come with costs.**

The first and most obvious downside is financial cost. Chances are an interim person will cost significantly more than the person they are replacing. If you can find local talent with the flexibility to work in an uncertain role, you may minimize that difference, but in any case the incremental cost is likely to be material.

Those costs may not come just in direct outlays of cash. An interim manager is likely to need support and training in *your* processes -- some from the managers and staff below him/her, but also from executives above. A new houseguest won't know where you keep the sugar or the lawn mower and a new interim will likely come with little institutional knowledge or memory, only a shallow understanding of the politics and culture, and a set of priorities that may not match with other preferences across the organization.

The good news is that if you have chosen your interim manager wisely, those costs can be *more* than offset by the benefits.

As a purchaser of interim services, there are a few ways you can improve the cost/benefit relationship.

As mentioned above, the interim manager is likely to come with his/her own ideas and initiatives, informed in part by successful operations in other organizations. Unburdened by institutional inertia (“But that’s how we’ve always done it…”) or past failures (“We tried that once…”) an interim manager may be able to break through in ways a permanent manager would find difficult. Giving him/her the approval and standing to bring those ideas to life – to identify opportunities and pursue them – can greatly enhance the return you get from your investment.

For example, department budgets often get stale. A budgeting process often consists of "take last year's budget and add 5%." Or perhaps more often, cut 5%. But an interim manager affords an opportunity to revisit the budget with fresh eyes. In one recent interim role, we decided to review every line item in a departmental budget. We identified not only poor invoice approval/retention processes and overpayments, but also highlighted quick insights into cost saving opportunities, potentially improved contract terms, and previously undetected performance concerns. As a result, the client realized over $100k in annual budget reduction, $75k in returned overpayment and pointed to internal performance issues costing the client $48k annually in additional eligibility services. These savings alone more than paid for the interim costs.

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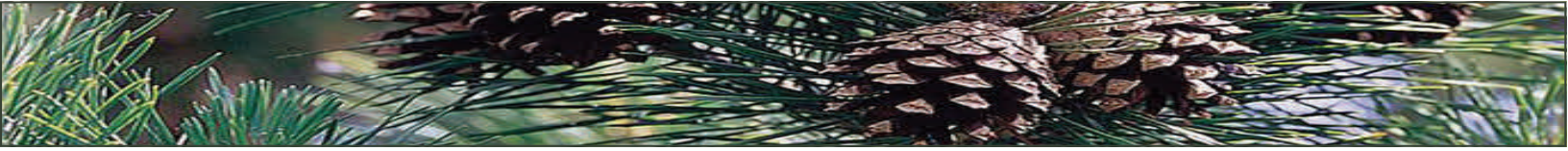

Interim Management

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But new ideas and perspectives are just one source of performance improvement. In addition to the day-to-day management, make certain a handful of improvement opportunities are part of his/her core goals. Not only will these improvements help finance the additional cost of bringing an interim resource on board, but will also help the interim manager integrate into the permanent team – nothing breaks down barriers and builds relationships faster than work toward a shared goal.

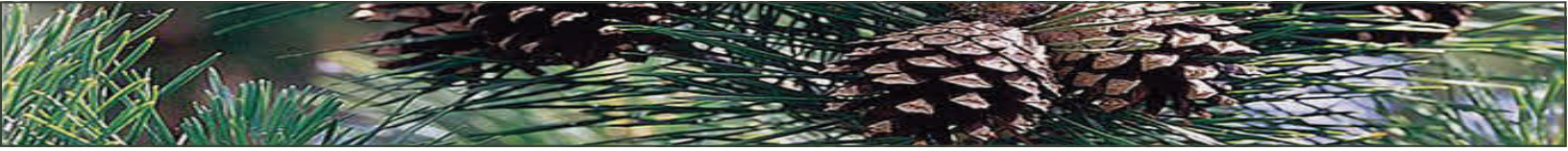
If you have chosen an interim manager through a consulting firm or placement agency, you may be able to leverage related resources above and beyond the actual interim manager. That might mean formally engaging more resources, but it can also take the form of asking for advice or for some specific expertise. In most cases, if the expertise exists in the organization, the firm will be happy to provide a few free hours, either in the hope of selling more work or just as a way to sweeten the existing relationship.

Finally, a hard to quantify, but very real, benefit is executive leverage. A high caliber interim manager is likely to bring experience working at a strategic level. Executive experience means they may be able to offer insight and take on responsibilities that a permanent manager might find more difficult to handle, either because of competing demands on time and attention or internal politics. A high caliber interim manager may be well suited to represent and/or take on assignments previously reserved for more senior staff.

A managerial vacancy is never an easy situation, but too many organizations approach it as a rough patch that they "just have to get through" instead of seeing it as an opportunity. Bringing in an outside resource to fill a role can bring new ideas, can break down historical barriers, and can provide even greater coverage for the executive team. But organizations need to prepared for all the costs of such an effort, including the need to support the individual as they integrate with the rest of the organization.

If the individual is seen as a resource, and not an interloper, and if they are given the opportunity to make real change, rather than just seen as a caretaker, interim managers can provide significant benefits and even a positive ROI during a period of transition that otherwise might just be seen as a stretch of higher than normal costs. No matter the length of their stay -- whether for 3 months, 3 weeks, or 3 days, an interim role doesn't have to stink.

Peter Angerhofer is a principal at Colburn Hill Group www.colburnhill.com; he brings deep experience in operations, strategy and health policy to both the daily operations as well as long-term vision. Peter moves easily from working with line staff on performance improvement to C-suite discussions of strategic imperatives. Prior to forming Colburn Hill, Peter had been part of the original, pre-revenue start-up team of eight at Accretive Health, where he spent 10 years managing operations. Prior to Accretive, Peter worked for Deloitte Consulting and CSC/APM, as well as serving in health policy roles on Capitol Hill.



2017 Pine Tree Chapter Membership

AAHAM is having a membership drive in 2017 and invites all members to encourage their peers to join our organization. If you are responsible for recruiting a new member, please, have the new member list your name on their membership form. The AAHAM member that recruits the highest number of AAHAM members will be eligible for a free 2017 Registration for The Pine Tree Chapter of AAHAM Annual Meeting or the Pine Tree Chapter of AAHAM will pay your national dues for 2017.

When you renew your dues, you will have the tools to lean how to work smarter, advance in your career and have access to a wealth of revenue cycle information. AAHAM is the only national organization dedicated to the revenue cycle, both management and the front line staff. We provide education and training for staff and managers, as well as offer a nationally recognized certification program.

Renewing your membership in AAHAM, provides the necessary tools to deal with the serious issues facing hospitals today. Some of the valuable benefits of membership are:

⇒ Access to Member's Only Section of AAHAM's website

⇒ Timely legislative and government updates to help stay in compliance-The latest networking on information systems, regulations, managed care, payer issues and more

⇒ Local and national education meetings-including the AAHAM Annual National Institute

⇒ Comprehensive certification programs for executives (Certified Revenue Cycle Executive-CRCE), for managers (Certified Revenue Cycle Professional-CRCP) and front line staff (Certified Revenue Cycle Specialist-CRCS and Certified Compliance Technician Exam-CCT). By ensuring your competency in Registration, Billing, Third Party Recovery and AR Management, you can demonstrate functional knowledge of the day to day operations of your facility.

Please, renew today and continue to build your valuable relationships with other Healthcare Professionals as you gain essential knowledge. Renewing your membership in AAHAM is an investment in your professional career and personal growth.

The dues for 2017 are $25.00. See the 2017 membership application and dues form at the end of this newsletter.

If you have any questions, please, contact me.

Sincerely,

Bonnie Richards

Membership Chair

207-907-1850

Thank you sponsors!

AAHAM's Pine Tree Chapter wishes to thank our GOLD and SILVER Sponsors

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American Association of Healthcare Administrative Management

Pine Tree Chapter

Renewal/Application Form

The Maine Chapter of AAHAM is pleased to welcome you as a member. Annual dues for 2017 are $25.00 per person. Membership runs from January to December. Local dues cannot be prorated during the year.

To ensure that you are a recognized member for the Chapter year and receive all notifications of educational sessions, please submit your payment of $25.00, made payable to "Pine Tree Chapter of AAHAM" to:

Karen Clark
Patient Accounts
Redington Fairview General Hospital
P.O. Box 468
Skowhegan, Maine 04976

If you are a member of National AAHAM and choose to pay your local dues through them, it is important that you still send this form (without payment) to the above address so that our records will correctly reflect your membership.
Please complete the following:

Name and Title: _____

Certification: _____

Organization: _____

Address: _____

Daytime Telephone: _____ Fax: _____ Email: _____

Check all that apply:
_____ This is a new application
_____***I was referred to AAHAM by _____***
_____ I am renewing my application
_____ I have paid my local dues through National AAHAM

Please send checks to the attention of Karen Clark as close to the start of the new Chapter year as possible.