



Building the Business of Radiology

EDUCATION

RESOURCES

NETWORKING

## MEMBER APPLICATION

### I. CONTACT INFORMATION:

**NOTE:** Each applicant defined under any of the RBMA membership categories, must submit a separate application with their contact information captured below.

Date \_\_\_\_\_

Name \_\_\_\_\_

**Professional Credentials** (check all that apply)

CMPE  CNMT  CPA  CPC  CRA  FACHE  FACMPE

JD  MBA  MD  MHA  RCC  RT Other \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_ Company Web Site \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home Email \_\_\_\_\_

**PREFERENCES:**

Mailing Address .....  Work  Home

Phone .....  Work  Home

Email Address .....  Work  Home

**I hereby grant permission to include my information in the following:**

Online Membership directory  Rented direct mailing list  Rented email list

**How did you hear about RBMA:**  Physician  Colleague  Customer/Client  Vendor  RBMA member\*  Web site  Other \_\_\_\_\_

\*If referred by a member, please provide full name of person, so she/he can participate in the Member-Get-A-Member program:

**RBMA MEMBERS ONLY WEB ACCESS** Please provide your preferred username and password to access the Members Only section at www.rbma.org (please use only a combination of letters and/or numbers):

Username \_\_\_\_\_ Password \_\_\_\_\_

**Please check which membership category for which you are applying:**  Individual Membership (Proceed to Section II)  Corporate Membership (Proceed to Section III)

### II. INDIVIDUAL MEMBERSHIP AND FEES:

**EMPLOYER INFORMATION:**

**Please select the best description of your employer:**

- A consulting firm, sole proprietor consultant or a CPA firm
- A company that performs billing or management services for physician practices
- A radiology practice owned by radiologists, or medical practice owned by a combination of radiologists and other non-radiologist physicians
- A hospital or hospital system
- Imaging center(s) or radiation oncology center(s) owned by non-physicians or a mixture of physicians and non-physicians (includes joint ventures owned by physicians and a hospital or health system)

**In what other organizations do you hold membership?**

ACR  AHRA  AHIMA  ASRT  HBMA  MGMA  Other \_\_\_\_\_

RBMA dues are based on the calendar year, January 1st – December 31st. New member dues are prorated quarterly. All members are billed January 1st for the calendar year dues, regardless of when they joined. A \$50 one-time, nonrefundable enrollment fee is included in new member dues.

Note that each new member under any of the member classifications listed below must submit a separate application.

**MEMBER CLASSIFICATION**

	Jan to Dec	Apr to Dec	Jul to Dec	Oct to Dec	Total
<b>ACTIVE:</b> An individual actively engaged in the business of radiology management aspects of a radiology practice.	\$410	\$355	\$300	\$245	\$ _____

**ADDITIONAL MEMBER FROM A PRACTICE:**

Primary RBMA Member Name (required): _____	\$310	\$260	\$210	\$160	\$ _____
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### FOUR EASY WAYS TO JOIN!



**ONLINE**

Go to www.rbma.org and select Membership



**MAIL**

Return your completed application and check or credit card payment to:  
 RBMA  
 10300 Eaton Place  
 Suite 460  
 Fairfax, VA 22030



**FAX**

Fax the completed application with credit card payment to 703.621.3356



**PHONE**

Call toll-free 888.224.7262  
 Monday-Friday from  
 8:30am-5:30pm ET

### III. CORPORATE MEMBERSHIP AND FEES:

Corporate membership includes the company and two individuals from within the company. Note that each Corporate Representative under any of the classifications listed below must submit a separate application.

**CORPORATE MEMBER CLASSIFICATION**

**CORPORATE REPRESENTATIVE #1**

**CORPORATE REPRESENTATIVE #2\*** (included)

**ADDITIONAL CORPORATE REPRESENTATIVE\***

Jan to Dec	Apr to Dec	Jul to Dec	Oct to Dec	Total
\$1050	\$1000	\$950	\$900	\$
				\$ NC
\$310	\$260	\$210	\$60	\$

\*Primary RBMA Corporate Member Name (required): \_\_\_\_\_

**Please select the category that best describes your company:**

- A vendor company that sells products and services to radiology practices and/or to imaging centers (not a sole proprietor)
- A consulting firm or a sole proprietor consultant or a CPA firm

**In what other organizations do you hold membership?**

- ACR  AHRA  AHIMA  ASRT  HBMA  MGMA  Other \_\_\_\_\_

**Are you interested in**

- Exhibiting  Sponsorship  Speaking

**How did you hear about RBMA?**  RBMA member\*  Customer/Client  Vendor  Website  Other \_\_\_\_\_

\*If referred by a member, please provide full name of person, so she/he can participate in the Member-Get-A-Member program: \_\_\_\_\_

**Please provide your preferred username and password to access the Members Only Section at [www.rbma.org](http://www.rbma.org)** (please use only a combination of letters and/or numbers):

Username \_\_\_\_\_ Password \_\_\_\_\_

**COMPANY INFORMATION:**

**What services or products does your company sell to radiology practices and/or imaging centers?** (check all that apply)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Accounting                   | <input type="checkbox"/> Consulting Services  | <input type="checkbox"/> Imaging Center Management | <input type="checkbox"/> Publisher                           |
| <input type="checkbox"/> ASP Services                 | <i>Were you formerly a radiology practice manager?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Insurance                 | <input type="checkbox"/> Radiographic Film                   |
| <input type="checkbox"/> Auditing                     | <i>If Yes, how many years?</i> _____  | <input type="checkbox"/> Investments               | <input type="checkbox"/> Radiology Information Systems (RIS) |
| <input type="checkbox"/> Benefit Packages             | <i>Specify area(s) of services</i> _____  | <input type="checkbox"/> Mailing Services          | <input type="checkbox"/> Radiology Network                   |
| <input type="checkbox"/> Billing Services             |   | <input type="checkbox"/> Marketing                 | <input type="checkbox"/> Technical Radiology Equipment       |
| <input type="checkbox"/> Billing Software             |   | <input type="checkbox"/> Medical Business Forms    | <input type="checkbox"/> Teleradiology                       |
| <input type="checkbox"/> Business Intelligence        | <input type="checkbox"/> Contract Negotiations  | <input type="checkbox"/> Office Supplies           | <input type="checkbox"/> Training Services                   |
| <input type="checkbox"/> Coding Services              | <input type="checkbox"/> CPA Services   | <input type="checkbox"/> Offshore Services         | <input type="checkbox"/> Transcription Services              |
| <input type="checkbox"/> Collections                  | <input type="checkbox"/> Design/Construction  | <input type="checkbox"/> PACS                      | <input type="checkbox"/> Ultrasound Systems                  |
| <input type="checkbox"/> Computer Hardware            | <input type="checkbox"/> Document Management  | <input type="checkbox"/> Patient Satisfaction      | <input type="checkbox"/> Valuation/M&A Services              |
| <input type="checkbox"/> Computer Software            | <input type="checkbox"/> Financial/Lending  | <input type="checkbox"/> Personnel Management      | <input type="checkbox"/> Voice Recognition                   |
| Type _____  | <input type="checkbox"/> Financial Management   | <input type="checkbox"/> Practice Management       | <input type="checkbox"/> Web Development                     |
| <input type="checkbox"/> Computer Support             | <input type="checkbox"/> Graphic Design   | <input type="checkbox"/> Professional Staffing     |  |
| <input type="checkbox"/> Other (please specify) _____ |   |  |  |

**Company description** (provide a 50 word description of your company's products or services to be published in the online Corporate Partner Directory)

### IV. ADDITIONAL SUBSCRIPTIONS:

**FORUM SUBSCRIPTIONS:** For staff of RBMA Members at \$100 annually per Forum per Staff Member. Price prorated based on date of subscription.

- Jan to Dec: \$100
- Apr to Dec: \$75
- Jul to Dec: \$50
- Oct to Dec: \$25

Practice Management	Coding	Marketing	<b>Staff Member Name</b>	<b>Email</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____

**RBMA BULLETIN SUBSCRIPTION:** Additional subscriptions for staff members. Published six times per year. Order price prorated based on date of subscription.

- Jan to Dec: \$100
- Apr to Dec: \$75
- Jul to Dec: \$50
- Oct to Dec: \$25

Staff Member Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

### V. PAYMENT INFORMATION:

Total amount enclosed \_\_\_\_\_

Check enclosed (payable to RBMA) # \_\_\_\_\_  Personal  Company

Visa  MasterCard  AMEX Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Cardholder's signature (required) \_\_\_\_\_

*Note: To activate membership, payment must be made in full. Membership expires on December 31st.*

The Code of Ethics of the RBMA is a set of rules which apply to all membership categories. The rules are as follows: 1) All members shall abide by the bylaws of the RBMA. 2) The name "Radiology Business Management Association" and the abbreviation "RBMA" shall be used only as authorized by the organization. 3) Members shall avoid using any position as a member or officer of the RBMA for the personal financial gain to the detriment of the RBMA or its members. 4) The membership directory shall not be used for promotional purposes without the approval of the organization. 5) Members shall conduct themselves in a professional manner, maintaining a high standard of professional integrity and ethics.

**I agree to abide by the RBMA Code of Ethics and support the RBMA Mission**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_