



**AMERICAN MEDICAL
BILLING ASSOCIATION**

Member Registration Form

***ALL FIELDS ARE REQUIRED**

DATE:





NAME OF MEMBER TO BE ENROLLED:

INDIVIDUAL MEMBERSHIP \$99 BUSINESS MEMBERSHIP \$199 (3 MEMBERS INCLUDED)

ADDITIONAL BUSINESS MEMBERS OVER 3 \$79 PP

ORDER TOTAL: \$ _____

PAYMENT TYPE: *Check appropriate box below*

CHECK
 
 
 
 
 PAYPAL MONEY ORDER PAID ONLINE

*MAIL MONEY ORDERS, ALONG WITH THIS COMPLETED APPLICATION, TO AMBA 2465 E MAIN DAVIS, OK 73030.

*PAYPAL ORDERS CAN BE COMPLETED ONLINE - WWW.AMBASTORE.NET

NAME ON CHECK:

CHECK #:

CREDIT CARD NUMBER:

EXPIRATION DATE:

SECURITY CODE:

CARDHOLDER NAME:

BILLING ADDRESS:

CITY:

STATE:

ZIP:

***ADDRESS MUST MATCH THE CREDIT CARD BILLING STATEMENT ADDRESS**

SIGNATURE:

MEMBER ADDRESS:

***FILL IN MEMBER ADDRESS INFORMATION IF DIFFERENT FROM BILLING ADDRESS**

CITY:

STATE:

ZIP:

BUSINESS NAME:

***FILL IN BUSINESS ADDRESS INFORMATION FOR BUSINESS MEMBERSHIPS**

BUSINESS ADDRESS:

CITY:		STATE:	ZIP:
MEMBER #1 NAME:			
*FILL IN MEMBER #1 NAME AND EMAIL FOR INDIVIDUAL OR BUSINESS MEMBERSHIPS			
#1 EMAIL:			
MEMBER #2 NAME:			
#2 EMAIL:			
MEMBER #3 NAME:			
#3 EMAIL:			
MEMBER #4 NAME:			
#4 EMAIL:			
WORK PHONE:		FAX:	
HOME PHONE:		CELL PHONE:	
WEBSITE ADDRESS:			
HOW DID YOU LEARN ABOUT AMBA: <i>Check appropriate box below</i>			
<input type="checkbox"/> ANOTHER AMBA MEMBER		NAME OF AMBA MEMBER:	
<input type="checkbox"/> FACEBOOK	<input type="checkbox"/> AMBA WEBSITE	<input type="checkbox"/> SEARCH ENGINE	<input type="checkbox"/> OTHER
TERMS & CONDITIONS AGREEMENT BELOW:			
<ul style="list-style-type: none"> • Members must remain impartial, objective, and free of conflicts of interest in discharging professional responsibilities and should be independent in fact and appearance when providing services. • Members must observe our profession's technical standards, strive continually to improve competence and quality of services, and pursue excellence through continuing education in all areas applicable to our profession. • Members shall not disclose any confidential information unless instructed to do so by the provider. Members are expected to follow policies and laws regarding confidentiality and privacy of health information. • Members must strictly observe all laws and regulatory requirements that apply to us morally and ethically. • Members are expected to adhere to high ethical standards when acting on behalf of the medical billing profession. • Members shall not exploit professional relationships for personal gain. • Members will comply with government requirements regarding record keeping. All records and reports are to be prepared accurately and retained in accordance with applicable requirements. All communications regarding medical billing must be truthful and precise. • Please read the AMBA Terms of Service • <i>I agree that my typed name below represents my signature.</i> 			

SIGNATURE:

DATE:

MAKE CHECKS PAYABLE TO: AMBA • 2456 E Main • Davis, OK 73030

MAIL REGISTRATION TO AMBA or FAX TO: (580) 369-2703

QUESTIONS: CALL US AT (580) 369-2700

EMAIL: DEBBIE – DEBBIE@AMBANET.NET

KATIE – KATIE@AMBANET.NET



**2465 E MAIN
DAVIS, OK 73030
(580) 369 – 2700**