

AMERICAN INSTITUTE OF HEALTHCARE COMPLIANCE AIHC



Information & Enrollment Packet Membership with AIHC A non-profit organization

Getting Connected with Other Healthcare Professionals

AIHC is a newly formed organization committed to professional education and development of health care administrators and executives.

What it means to become a member of AIHC:

1. ***Affiliation*** with a national organization recognized for commitment to education and training in compliance of health care managers;
2. Networking, access to a members-only ***chat room*** for exchange of information and problem-solving;
3. Logon to compliance ***updates***;
4. ***Discounts negotiated*** with other organizations for continuing education programs;
5. ***Discounts*** on continuing education programs ***sponsored by AIHC***;
6. ***Major discounts*** to qualified members enrolling in any of the ***certification exam prep courses offered by AIHC***;
7. Eligibility to apply for various ***scholarships*** to be offered by AIHC for training and education in compliance.
8. 2010 Membership is \$70.

AIHC MEMBERSHIP ENROLLMENT FORM

For Office Use Only
ID#
Processed by:
Date Approved:

PLEASE PRINT		
DATE OF APPLICATION:		
(last)	(first)	(mi)
Name:		
Contact Information:		
Email:		
<small>We NEVER sell addresses – but approved vendors need to contact membership about discounts and CEU programs and we would like to offer Email addresses to CEU approved vendors. Permission to provide your Email address to vendors offering CEUs to compliance professionals? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>		
Employer Name & Address:		
Home Address:		
Work Telephone:	Ext.	Work Fax:
Home Telephone:		Cell Phone:
<p>Credit card enrollments can be phoned toll free to: 866-571-5635 or faxed to: 330-952-0716</p> <p>Please check the applicable credit card: <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Approve: \$70</p> <p>Card Number: _____ Exp. Date: _____</p> <p>Name on the Card: _____</p> <p>Card Verification # (Three numbers on back of card) _____</p> <p>Signature of Authorized User: _____</p> <p>Total to be Charged: \$ _____</p> <p>Payment Information: \$70 annual membership check # _____</p> <p style="text-align: center;">Please make checks payable to AIHC and mail to AIHC, 445 W. Liberty Street, Suite 212, Medina, Ohio 44256 For information or questions, please call our toll free number: 1-866-571-5635</p>		

Please answer the following questions to help us serve you better!

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kinesiotherapist | |

OIG exclusion

Have you ever been?

1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?

2) Have you ever been on the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals.

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections 1128 and 1156 of the Social Security Act, and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at www.hhs.gov/oig)

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AHIC; and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature

Date