

# AMERICAN INSTITUTE OF HEALTHCARE COMPLIANCE



**Become a Member of AIHC!**

A non-profit organization

**Information  
&  
Enrollment Packet**

**\*Get connected with other  
Healthcare Professionals\***

**AIHC is a Not for Profit organization committed to the professional education and development of healthcare administrators and executives.**

## **What it means to become a Member of AIHC:**

*Affiliation* with an international organization recognized for commitment to education and training in compliance of health care managers;

*Updates* in compliance and coding.

*Negotiated discounts* with vendors for coding books and compliance reference materials;

Eligibility to apply for *scholarships* for various compliance courses offered by *AIHC*.

## **What it means to be an AIHC Certified Professional:**

All the above benefits plus:

*Free CEU articles* for AIHC certified professionals

Certified Professionals hold a **credential** through *AIHC* (*ICDCT-CM, ICDCT-PCS, CHBS, CHA, CHCO, CIFHA, CHCM, OHCC, CMDP and CPOEP*) and are eligible for discounts on continuing education and/or certification programs.

## **Membership Only: \$105.00**

**Please Note:** If you are not currently an AIHC member applying for a course, first years membership is included in the price of tuition. Do NOT use this application. Use enrollment form found with course registration.

# AIHC MEMBERSHIP ENROLLMENT FORM

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

PLEASE PRINT

**DATE OF APPLICATION:**

(last)

(first)

(middle)

**Name:**

**Email:**

**Employer Name & Address:**

**Home Address:**

**Work Telephone:**

**Ext.**

**Work Fax:**

**Home Telephone:**

**Cell Phone:**

Credit card enrollments can be phoned toll free to: 866-571-5635  
or faxed to: 330-952-0716

Please check the applicable credit card:  VISA  Discover  MasterCard **Approve: \$105**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Card Verification # (Three numbers on back of card): \_\_\_\_\_

Signature of Authorized User: \_\_\_\_\_

Amount Approved on Credit Card: \$ \_\_\_\_\_

Payment Information: **\$105** annual membership check # \_\_\_\_\_

Please make **checks payable** to AIHC and mail to  
AIHC, 431 W. Liberty Street, Medina, Ohio 44256

**For information or questions, please call our toll free number:  
1-866-571-5635**

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

How did you hear about us?  Mailing  Email  Co-worker  AIHC web site  AHIMA web site  
 Facebook  Twitter  Linkedin  Other \_\_\_\_\_

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**

1) Have you ever been 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](http://www.hhs.gov/oig))

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; 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