



2012 Membership Form

Annual Membership Dues

Individual from Hospital or Related Services Vendor

\$50.00 by December 31, 2011

\$75.00 after December 31, 2011*

New Member _____ Renewal _____

Name: _____

Title: _____

Organization: _____

Telephone: _____

Address: _____

Fax: _____

City/State/Zip: _____

Email: _____

Amount Enclosed: \$ _____

Provider Vendor (check one)

Make Check Payable to: Central Ohio Patient Account
Managers

Mail to:
Cheryl Henney
Director, Customer Service and Collections
MCHS
6150 E. Broad St.
Columbus, OH 43213

Questions: chenney@mchs.com

