



# MEMBERSHIP APPLICATION FORM

*The mission of the Pennsylvania eHealth Initiative is to (a) Enable the use of information technology to improve healthcare quality and efficiency and ensure patient safety for all Pennsylvanians and (b) Ensure secure, confidential access to health information to enable individuals and communities to make the best possible health decisions.*

**GENERAL INFORMATION** *If you are applying as an individual, enter your name in the Organization Name space.*

Organization Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**MAIN REPRESENTATIVE**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Is the Main Representative also the Billing Contact for future invoices?  Yes  No (If No, please complete Billing Contact.)*

**BILLING CONTACT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**OTHER PAeHI PARTICIPANTS FROM ORGANIZATION**

*Attach list of additional names if more space is needed.*

(1) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(4) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(5) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**COMMITTEE SELECTIONS**

*Please indicate if any representatives would like to serve on any of the following committees. Attach list of additional names if more space is needed. For more information, go to [www.paehi.org](http://www.paehi.org) to view committee charters.*

(1) Business Analysis and Technology; (2) Communication and Education; (3) Finance; (4) Membership; (5) Policy; (6) Local HIE Special Interest Group

Committee of choice: \_\_\_\_\_ Representative's Name: \_\_\_\_\_

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**PAYMENT** Please indicate membership class and dues level on Membership Dues Schedule on page 2.

\_\_\_\_\_ Dues Code (From Membership Dues Schedule)

Dues Discounts Please check any that apply.

\_\_\_\_\_ 25% Discount if joining during October through December

\_\_\_\_\_ 50% Discount if joining during January through March

\_\_\_\_\_ 75% Discount if joining during April through June

\_\_\_\_\_ Total Dues (Dues amount from Membership Dues Schedule less discount)

\_\_\_\_\_ Additional Contribution:

\_\_\_\_\_ \$15,000 Platinum Supporter \_\_\_\_\_ \$10,000 Gold Supporter \_\_\_\_\_ \$5,000 Silver Supporter

\_\_\_\_\_ Credit Card: VISA and MasterCard only

\_\_\_ VISA \_\_\_ MC

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

\_\_\_\_\_ Check Enclosed \$ \_\_\_\_\_ Please make check payable to the Pennsylvania eHealth Initiative.

\_\_\_\_\_ Please Send Invoice

**ATTESTATION**

I hereby certify that the above information is accurate and complete. I (organization or individual) am committed to the mission and purposes of the Pennsylvania eHealth Initiative and agree to abide by its bylaws when participating in Pennsylvania eHealth Initiative activities, conducting business on its behalf, or representing PAeHI.

Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_

**Return signed application (all 3 pages) and payment to:**

**Pennsylvania eHealth Initiative  
Attention: Darlene Kauffman  
777 East Park Drive, PO Box 8820  
Harrisburg, PA 1710-8820  
Fax: 717-558-7841**

For questions, contact Darlene Kauffman at (717) 909-2646 or [dkauffman@pamedsoc.org](mailto:dkauffman@pamedsoc.org).

## MEMBERSHIP DUES SCHEDULE

Select the appropriate membership class and dues amount and enter on Membership Application.

Membership Class	Dues Criteria	Annual Dues	Dues Code	
<b>Hospitals and Hospital Organizations</b> <b>Hospitals:</b> <b>Includes:</b> Profit and non-profit acute care hospitals, academic medical centers, health systems, nursing homes, specialty hospitals, and ambulatory surgical centers that are separate from a physician practice	<b>Licensed Beds</b>			
	Less than 50	\$100	1A	
	51-100	\$250	1B	
	101-250	\$500	1C	
	251-400	\$1,000	1D	
	More than 400	\$1,500	1E	
	<b>Health Systems:</b>		<b>Gross Health System Revenue</b>	
	Less than \$250 million	\$1,000	1F	
	\$250 to \$500 million	\$1,500	1G	
	\$500 million to \$1 billion	\$2,000	1H	
	\$1 to \$1.5 billion	\$2,500	1I	
	\$1.5 to \$2.5 billion	\$5,000	1J	
	More than \$2.5 billion	\$10,000	1K	
<b>Ambulatory Surgery Centers:</b>		<b>Fixed Fee</b>		
	\$250	1L		
<b>Clinician and Clinician Organizations</b> <b>Includes:</b> Individual practicing physicians and allied health practitioners that provide billable services, their respective professional practice organizations, corporations, and group practices that provide direct patient care. NOTE: Practices owned by health systems are included with the HOSPITAL or HEALTH SYSTEM in the HOSPITAL CLASS [see above]	<b>Licensed Revenue-Producing Clinician-FTEs</b>			
	Less than 3	\$75	2A	
	3 to 6	\$125	2B	
	7 to 15	\$300	2C	
	16 to 30	\$600	2E	
	31 to 50	\$800	2F	
	51 or more	\$1,000	2G	
<b>Insurance Organizations</b> <b>Includes:</b> Health insurance companies, third-party administrators, pharmacy benefit managers, and federal and state entities which provide healthcare coverage	<b>Member Lives</b>			
	Less than 500,000	\$2,500	3A	
	500,001 to 1.5 million	\$5,000	3B	
	More than 1.5 million	\$10,000	3C	
<b>Government Organizations</b> <b>Includes:</b> Federal, state, and local government departments, agencies, or legislators except as included elsewhere	<b>Fixed Fee</b>	<b>\$250</b>		
			4A	
<b>Professional Health Care Organizations</b> <b>Includes:</b> Membership organizations, private or public, profit or non-profit, including professional associations	<b>Gross Annual Revenue</b>			
	Less than \$50,000	\$100	5A	
	\$50,000 to \$500,000	\$500	5B	
	\$500,000 to \$1 million	\$1,000	5C	
	\$1 to \$5 million	\$1,500	5D	
	\$5 to \$10 million	\$2,000	5E	
	\$10 to \$20 million	\$2,500	5F	
	More than \$20 million	\$3,000	5G	
<b>Quality Improvement Organizations</b> <b>Includes:</b> Organizations and businesses, for-profit or non-profit, whose specific goal is to improve the quality of health care delivery.	<b>Gross Annual Revenue</b>			
	Less than \$500,000	\$500	6A	
	\$500,000 to \$2.5 million	\$1,000	6B	
	\$2.5 to \$5 million	\$1,500	6C	
	Over \$5 million	\$2,000	6D	
<b>Business/Purchaser Organizations</b> <b>Includes:</b> Employers, employer coalitions, business associations and purchasing groups	<b>Gross Annual Revenue</b>			
	Less than \$1 million	\$250	7A	
	\$1 to \$50 million	\$500	7B	
	\$50 to \$500 million	\$1,000		
	\$500 million to \$1.5 billion	\$2,500	7D	
	1.5 to \$5 billion	\$5,000	7E	
	Over \$5 billion	\$10,000	7F	
<b>Supporting Member Organizations</b> <b>Includes:</b> Any organization not otherwise classified that is dedicated to the purpose of PAeHI, e.g., vendors, consultants, etc.	<b>Gross Annual Revenue</b>			
	Less than \$1 million	\$250	8A	
	\$1 to \$50 million	\$500	8B	
	\$50 to \$500 million	\$1,000	8C	
	\$500 million to \$1.5 billion	\$2,500	8D	
	\$1.5 to \$5 billion	\$5,000	8E	
	Over \$5 billion	\$10,000	8F	
<b>Consumer/Public Interest Organizations/At-Large Individuals</b> <b>Includes:</b> Individuals who are not employed by organizations who are eligible for membership in another membership class	<b>Fixed Fee</b>			
	Individual	\$100	9A	
	Organization	\$250	9B	