

Membership Application



Type of Membership Applying for: Active Associate

Date: _____

Organization/Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Contact Name: _____ E-mail Address: _____

Director: _____ E-mail Address: _____

Type of Organization: Community Health Center Migrant Health Center Rural Health Center
 Private Practice Clinic Plan Hospital Affiliate
 Other (please specify): _____

Year of Incorporation: _____ Fiscal Year Start: _____

Organization's Tax Status: Profit Non-Profit

Grants Received: State Federal Other

USER PROFILE

Medical Director: _____ E-mail Address: _____

Financial Officer: _____ E-mail Address: _____

Dental Director: _____ E-mail Address: _____

Nurse Manager: _____ E-mail Address: _____

Counties Served (please list): _____

Service Area Population: _____

Total Encounters (office visits): _____ Total Users: _____

Case Mix
Medicaid Encounters _____ %
Medicare Encounters _____ %
Uninsured Encounters _____ %
Commercial Encounters _____ %
Other _____ %
100 %

Special Populations
Migrant Users _____ %
Homeless Users _____ %
HIV/AIDS Users _____ %
Other: _____ %

PROVIDER PROFILE

Please document the type of services your organization provides and the number of providers for each service.

Service	# Full Time Providers	# Part Time Providers	PA/NP/CNM
Family Practice			
OB/GYN			
Pediatrics			
Internal Medicine			
Geriatrics			
Dental			
Mental Health			
Other: _____			

COMPUTER CAPABILITY

Management Information System Currently Being Used: _____

Medical Billing Software Currently Being Used: _____

Modem Capacity: _____ Do you have access to the Internet? Yes No

Thank you for completing this application. Please attach the following:

- Map of your geographical service area
- Brochure (or any information that is published describing your organization)
- Mission statement
- Brief written statement regarding why you would like to become a member of the Michigan Primary Care Association
- If applying for Active Membership, a list of your Board of Directors and whether or not they are a user of your center
- Brief description of consumer involvement in your organization