

PAHCS Reciprocal Certification Application

www.pahcs.org

PAHCS (pronounced “packs”) is the nationally recognized certifying association designed to support the professional and individual development of the specialized healthcare coder. We are a national communication network and members support system dedicated to enhancing compliance, documentation and reimbursement capabilities of specialized healthcare coders.

BENEFITS of MEMBERSHIP:

- Quarterly newsletter
- Scholarship opportunities
- Identification as a Professional
- Access to a nationwide network of friends and colleagues in specialty coding areas
- Access to PAHCS “list serv” to network nationally
- Ability to apply to become a Certified Specialty Coder



MEMBERSHIP APPLICATION

or information request form

Personal information

Name _____
Certifications held _____
Address _____
City/State/Zip _____
Phone _____
Email _____
Specialty _____

Business information

Name _____
Address _____
City/State/Zip _____
Phone _____ FAX _____

Send materials to my:

HOME Business

Current specialty certifications offered by PAHCS

(specialties are added based on members requests)

- Cardiology (CCCS)
- Family Practice (CFPCS)
- Gastroenterology (CGCS)
- General Surgery (CGSCS)
- Internal Medicine (CIMCS)
- OB/GYN (COBGCS)
- Orthopedics (COCS)
- Otolaryngology (CENTCS)
- Pain Management (EPMCS)
- Pediatrics (CPEDCS)
- Podiatry (CPODCS)
- Pulmonology (CPCS)
- Urology (CUCS)
- Multi Specialty (CMSCS)

—This SPECIAL Offer of reciprocal certification expires 1/1/12, don't delay—

I want to join PAHCS and other specialty coders. I will promote the professionalism of PAHCS through the pursuit of excellence in healthcare coding, and further support the Association to the best of my ability. I certify I am not sanctioned by the Office of the Inspector General or on their Exclusion List under any name.

SIGNED _____ Date _____

Enclosed is \$120 (for membership)

Additionally, enclosed is \$50 (matriculation fee) and current credentials for PAHCS review.

I am certified with another coding association and am requesting PAHCS review my attached credentials specifically to award a PAHCS CMSCS certification. If not accepted fees will be refunded within 1 week.

Credit Card no. _____ Exp ___/___/___ Type: VISA / Discover / AMEX / Mastercard
Name on Credit card _____

I will mail my check to: PAHCS, 218 E Bearss Ave #354, Tampa, FL 33613

I don't want to commit at this time, send more information on PAHCS membership and certification to my address

PAHCS • 218 E Bearss Ave #354, Tampa FL 33613 • Toll free 888-708-4707 • FAX 813-333-1596 • Voice 813-333-1160

Web site: www.pahcs.org • E-mail: pahcs@pahcs.org