



Texas Ambulatory Surgery Center Society

The United Voice of the Texas ASC Industry

401 W. 15th Street
Austin, TX 78701
Phone: (512) 469-7900
Fax: (512) 370-1626
www.texasascociety.org

Facility Membership Application

Facility Member: Any ambulatory surgical center that is certified by Medicare and/or licensed by the state of Texas, or which is under development and intends to be certified by Medicare and/or licensed by the state of Texas is eligible to become a Facility Member.

Facility Name: _____

Mailing Address: _____

City, State, Zip: _____

of ORs: ___ **# of Treatment Rms:** ___ **Date Opened:** _____ **Current Staff:** # Full time ___ # Part time ___
Ownership: Partnership Corporate Hospital Other
Accreditation: Medicare AAAHC JCAHO Other

Main Phone: _____ **Fax:** _____ **Web Site:** _____

Administrator: _____ **Admin. Email:** _____

Chief of Nursing: _____ **Email:** _____

Partners:

Name: _____ Email: _____

Name: _____ Email: _____

Please provide contact info for all other individuals at your ASC who would like to be added to the TASCS Email list or attach a facility roster:

Name: _____ **Title:** _____ **Email:** _____

- Services:**
- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> OB-GYN | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Oral | <input type="checkbox"/> Thoracic |
| <input type="checkbox"/> General | <input type="checkbox"/> Orthopaedic | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Other |

MEMBERSHIP DUES

2+ ORs - \$2,500

1 OR - \$1,000

Amount : \$ _____ Check Enclosed Please Bill Credit Card Below

Credit Card # _____ **Exp.** ___/___/___ **3 digit code (VISA/MC):** _____ (4 digit on front of Am Exp)

Name on the Card: _____

Billing Address for card: Same as Above Or: _____

FAX TO: (512) 370-1626

A portion of TASCS membership dues may be deductible as a business expense. Please consult your tax advisor.