



# Greater Kansas City Medical Managers Association <sup>SM</sup>

## Business Partner Application

Your membership is renewed for the next twelve consecutive months based on your anniversary date.

Pay online preferred. If paying by check, print form and send with your check to address below.

If paying by credit card, fax this signed form to (816) 554-4780 without coversheet.

Renewing Member     New Member

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Title/Position \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Fax Number \_\_\_\_\_ Website \_\_\_\_\_

Mobile \_\_\_\_\_ Referred by: \_\_\_\_\_

Website directory listing: provides a search function by product or services for our partners. Please check the categories you would like listed ( up to 6 available options). Photo Requested: Send a 2"x2" jpeg or gif digital full color photo to info@gkcmma.com with this application or as soon as possible.

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Advertising    | <input type="checkbox"/> Attorney           | <input type="checkbox"/> Banking           | <input type="checkbox"/> Billing Services    |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Collections    | <input type="checkbox"/> Communications     | <input type="checkbox"/> Computer Services | <input type="checkbox"/> Consulting          |
| <input type="checkbox"/> Document Imaging     | <input type="checkbox"/> Education      | <input type="checkbox"/> Electronic Billing | <input type="checkbox"/> Employment        | <input type="checkbox"/> Filing Systems      |
| <input type="checkbox"/> Financial Services   | <input type="checkbox"/> Forms          | <input type="checkbox"/> Home Health Care   | <input type="checkbox"/> Hospital Services | <input type="checkbox"/> Insurance           |
| <input type="checkbox"/> Laboratory           | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Management Service | <input type="checkbox"/> Medical Staffing  | <input type="checkbox"/> Office Supplies     |
| <input type="checkbox"/> Pharmaceuticals      | <input type="checkbox"/> Printing       | <input type="checkbox"/> Record Storage     | <input type="checkbox"/> Telephone Systems | <input type="checkbox"/> Transcription, med. |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____    |   |  |  |

Every committee of GKCMMA is composed of 50 percent or more manager members. As a Business Partner, you have the opportunity to participate in an active way by joining a committee if there is space available. Please check the committees you would be interested in serving on during the coming year. See back of this application for a brief description of each committee's responsibilities.

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Education Conference | <input type="checkbox"/> Governmental I Relations | <input type="checkbox"/> Membership                           | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Payor Relations      | <input type="checkbox"/> Program Education        | <input type="checkbox"/> Audioconference/Webinar Subcommittee |                                       |

"Why are you joining GKCMMA? What value are you receiving from GKCMMA?" \_\_\_\_\_

"I agree to allow GKCMMA to use my email address and phone/fax to contact me." \_\_\_\_\_

*Your signature is required by law to email or fax you.*

LUNCHEON COST SAVINGS  
 Coupon Book (12 for \$300 or 6 for \$150)  
 Guest: \$35 per person  
 No Expiration Date:

Business Partner Annual Dues                    \$200.00 \$ \_\_\_\_\_  
 Late Fee: 30 days after anniversary date        \$ 10.00 \$ \_\_\_\_\_  
 Luncheon Coupon Book (Optional)                    \$ \_\_\_\_\_  
 Total Amount Enclosed                                    \$ \_\_\_\_\_

Company Paid                     Personally Paid

If paying by check, mail completed application with check made payable to "GKCMMA" to:

CREDIT CARD: Fax form to (816) 554-4780 or mail to address at left.

MasterCard     VISA     Amer.Exp.     Discover

GKCMMA Central Office, Membership Application  
P O Box 6966  
Lee's Summit, MO 64064-6966

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

New Members: Acceptance of this application is subject to approval by the Board of Directors and space availability under the 33 percent cap for Business Partners.

## COMMITTEE DESCRIPTIONS

### Education Conference Committee

This committee coordinates a one-day educational event for medical managers in the Kansas City area. The committee is responsible for researching and choosing nationally known and local speakers, developing a title, theme and schedule for the day, procuring exhibitors and sponsors, as well as handling all aspects of conference requirements set forth by the Board of Directors.

### Membership Committee

This committee develops an annual membership drive for Managers, advertising and announcements at the monthly luncheons. The committee contacts members in regard to nonrenewal followup and handles any membership problems and reports same to the Board. Luncheon registration volunteers and partner display tables with door prizes, plus the annual membership survey, is coordinated by the Executive Director.

This committee plans one networking event focused on recruiting new manager members.

### Payor Relations Committee

This committee develops educational programs and provides educational materials for the membership. It also recruits payor representatives to the Payor Relations Committee to facilitate communication between payors and medical practices. Members will continue to pursue less problematic referral and precertification processes and aid in their facilitation. This committee reviews and updates the health plan page of the GKCMMA website. They also participate in legislative matters pertaining to insurance matters.

### Program Education Committee

This committee establishes topics for monthly luncheon meetings based on responses from the annual membership survey, obtains quality speakers, and sends confirmation letters to speaker prior to the date, sends follow up thank you letter to the speaker and coordinates with the Central Office for publicity in the newsletter. May also coordinates practicums and "extended workshops". This committee coordinates, plans and implements networking/social and educational events with other committees throughout the year. The committee also recruits sponsors for events as needed. The committee ensures that all events are advertised in the newsletter, email bulletins, on the listserv and/or website. This committee also plans an annual membership appreciation event.

### Audio Conference /Webinar Subcommittee (Part of Program Education Committee)

This subcommittee watches for appropriate audio conferences and webinars that provide would provide educational value, procures the event and secures an appropriate location with necessary AV equipment, works with the Central Office to advertise the event to the membership, and coordinates each event through the Program Committee Chair. Subcommittee chair provides a signed attendance record to the Central Office following each audio conference. Serves as a member of the Program Committee.

### Governmental Relations Committee

This committee develops a list of Managers and Business Partners who are interested in governmental issues and other relevant topics related to healthcare including but not be limited to important legislative issues, HITech issues, governmental regulations, CMS information, etc. These members funnel information to the committee for dissemination to the membership via website, newsletter and listserv. Committee members included attorneys, medical societies, affiliates, and seasoned managers interested in this topic.

*Being a Member of GKCMMA Chapter does not automatically activate a membership in any other MGMA chapter. If you are interested in joining MGMA-Missouri state chapter, go to [www.mgma-mo.org](http://www.mgma-mo.org) for membership information; for Kansas MGMA state chapter go to [www.kmgma.org](http://www.kmgma.org); or for Northland Medical Managers chapter go to [www.northlandmm.com](http://www.northlandmm.com).*

## OUR CODE OF ETHICS

Greater Kansas City Medical Managers Association asserts that certain characteristics of personal conduct are essential to being an effective and productive medical practice executive. As a member of this organization, I agree to represent the profession with honesty and integrity, to participate as an integral part of the health care provider team, to advance my professional growth through education, to defend the confidentiality of the patients, to be a good steward of practice resources, and to conduct myself in a manner which maintains the highest degree of professional ethics.

For more information about GKCMMA, visit our website at [www.gkcmma.com](http://www.gkcmma.com) or call (816) 524-6579.