



Academy of International Mobile Healthcare Integration
Active Member Application
\$4,000 annually

Active Members shall include organizations currently involved in the delivery of emergency medical services, medical transportation, community paramedicine or related services. This class of membership is for any agency that provides **High Performance EMS**, defined as one that: externally reports performance requirements, is a single-provider system, is authorized by local government, and is engaged in full-cost reporting Or any agency that operates an **EMS-Based Mobile Integrated Healthcare** program designed to improve patient outcomes, enhance the patient's experience of care, and reduce healthcare expenditures, defined as: an organization that uses specially trained personnel that work as part of an organized delivery model, integrated with the local healthcare community and are credentialed by a physician medical director, augments the community's existing healthcare resources by providing patient navigation, high-risk patient management, or other programs designed to enhance the patient experience of care, improve patient outcome and reduce healthcare system expenditures.

In order to have your organization considered for membership, please complete the information below

APPLICANT INFORMATION:

Name of Organization: _____

Street/Mailing Address: _____

City, State, Zip: _____

Primary Contact: _____ Title: _____

Email: _____ Website: _____

Work Phone #: _____ Cell Phone #: _____

List Key Leaders and/or Board

Members: _____

Has the organization or any key leaders or board members ever been excluded from participating in Medicare, Medicaid or any other Federal health care program? Yes No

PARTICIPATION IN AIMHI:

Please select a Committee or Committees that interests you below.

Communications Committee

Membership & Development Committee

Education & Programs Committee

Advocacy Committee

GENERAL SUPPORT OF AIMHI VISION, MISSION AND VALUES

Your signature at the end of this application form is an affirmation of your general agreement to support the Vision, Mission and Values outlined on the website (<http://aimhi.mobi>) of AIMHI.

I, _____ (print name), generally support the Vision, Mission and Values as outlined above of the Academy of International Mobile Healthcare Integration (AIMHI).

Signature

Date

To submit your application by mail:

Mail to: AIMHI, PO Box 1331, Platte City, MO 64079

Questions? Email: info@aimhi.mobi

Call (816) 858-6180
