



Texas Association for
Healthcare Financial Administration

TAHFA...What and Why

TAHFA is a tax-exempt 501 (c)(3) organization whose purposes include:

- Being a major leadership organization regarding healthcare financial issues for Texas hospitals and other healthcare providers of patient services in Texas.
- Providing a forum for the interchange of ideas, dissemination of material, and educational opportunities relative to financial issues.
- Encouraging the interchange of ideas among healthcare financial management personnel in order to promote uniformity and efficiency in healthcare finance.

TAHFA Membership Benefits:

- ✦ **Access to great, reasonably priced seminars.**
- ✦ **Low-Cost CPE hours:**
2007 Joint Symposium is \$16.76 per hour vs. over \$35 per hour at other organizations
2007 TAHFA Ethics Course is \$15 per hour vs. \$30 at TSCPA.
- ✦ **Low-Cost of Membership:**
Compare TAHFA's \$80 Individual Membership or \$200 multi-person Facility Membership to other professional organizations – HFMA, TSCPA, MGMA, etc.
- ✦ **Direct Member input** on topics for upcoming conferences to better serve specific educational needs.
- ✦ **Access to news and information** about Texas healthcare issues and opportunities.
- ✦ **Access to current Job listings** for healthcare finance and administrative positions.
- ✦ **Networking** with hundreds of educated individuals with varied backgrounds, all concentrating on helping you do your job better.
- ✦ **Affiliation with the Texas Hospital Association** and its Health Care Economics Department.

You get all this and more for membership dues which are less than the cost of a soft drink a day.

New Facility Membership

Individual facility locations may join TAHFA and designate as many employees as they like as facility associate members. The cost is \$200 per individual location.

Texas Association for Healthcare Financial Administration
P.O. Box 631206
Houston, TX 77263-1206
713.995.4775 or 866.65.TAHFA (toll free)
tahfa@tahfa.org

TAHFA Membership Application
(please complete both sides)

Full Name		Familiar Name	
Suffix (Jr., Sr., III, etc)		Credentials (CPA, FACHE, FHFMA, etc.)	
Job Title			
Employer			
Address		City/State/Zip	
Business Phone		Business Fax	
Business E-mail			

Organization Address

Please provide the location address for the organization by which you are employed (if different from your own business address):

Organization Name	
Address	
City/State/Zip	
Primary Telephone #	

Select one:

- Information Update Only**
- Provider membership (\$80)**
Individuals directly employed by a patient care facility, subsidiary or parent organization, and responsible for business and financial activities, including government entities overseeing or providing industry education.
- Facility membership (\$200) - multiple employees**
Individual Texas facility locations providing direct patient services. Multiple employees meeting the criteria for a Provider member may be designated (please attach a list providing contact information for the primary and all additional designated members).
- Non-Provider membership (\$200)**
Individuals with an interest in healthcare financial/accounting activities but who are not employees of a direct patient care facility.
- Student (\$25)**
Students attending a 4-year accredited college or graduate program and carrying a minimum of 12 hours undergraduate or 9 hours graduate, with a major related to healthcare. (non-voting).

Enclosed is my check for \$_____ payable to TAHFA.

I authorize TAHFA to charge my dues to my: Visa MasterCard Amex

Account Number		Expiration Date	
Name on Card		Security Code	
Signature			

Vendor/Consultant Organization

Types & Functions

Please select the categories that most closely describes the services or products provided by your organization

Health Care Support Organization (Services/Products)

- Accounting Firm
- Bank or Brokerage House
- Computer Firm
- Consulting Firm
- Credit and Collection Agency
- Equipment Manufacturer or Dealer
- Law Firm
- Shared Service Organization
- Vendor

Information Systems

- Patient Accounting
- General Ledger
- Cost Accounting
- Order Entry
- Electronic Medical Record
- Pharmacology
- Radiology
- Dietary
- Patient Management
- Scheduling
- Laboratory

Business Office & Accounting

- Patient Account Collection Agency
- Early Out Patient Billing
- Third Party Eligibility Assessment
- Business Office Consulting
- Audit Firm
- Cost Report Preparation
- Contract Management
- Claims Editing Software
- Charge Master Review & Maintenance

Outsourcing

- Housekeeping
- Dietary
- Plant Maintenance

Other Organization

- Umbrella Equipment Maintenance
- Physician / Staff Recruitment
- Clinical Benchmarking
- Financial Benchmarking

All Other _____

Provider Organization Type

Please select the ONE category that most closely describe the organization by which you are employed.

Health Care Provider Organization

- Ambulatory Care Facility
- Corporate Headquarters
- Home Health Agency
- Hospital
- Long Term Care Facility
- Medical Facility-Other
- Physician's Practice Group

Payor Organization

- Government Agency
- Health Insurance Company
- Health Maintenance Organization
- Managed Care Organization

Health Care Support Organization (Services/Products)

- Accounting Firm
- Bank or Brokerage House
- Computer Firm
- Consulting Firm
- Credit and Collection Agency
- Equipment Manufacturer or Dealer
- Law Firm
- Shared Service Organization
- Vendor

Other Organization

- Educational Institution or Library
- Professional or Trade Association

All Other _____

Additional Health Care Provider Information

Providers, please select from the following:

Ownership

- Non-Profit Church-Related
- Non-Profit (not church related)
- Governmental
- Investor Owned

Gross Revenues

- Under \$10 million
- \$10 - \$50 million
- \$50 - \$100 million
- \$100 - \$250 million
- \$250 - \$500 million
- Over \$500 million

No of Beds _____ Single Location _____ System