



Michigan Medical Group Management Association
2123 University Park Drive, Suite 100, Okemos, Michigan 48864
517-253-8036 Hotline Account Number: 3817

Compliance Hotline Application

Name of Company: _____

Address: _____ City, State, Zip: _____

Primary Contact: _____
(Name, Title)

Address: _____ City, State, Zip: _____

Direct Phone: _____ Evening: _____

Fax: _____ E-Mail: _____

Hours:

Table with 7 columns: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

Secondary Contact: _____
(Name, Title)

Address: _____ City, State, Zip: _____

Direct Phone: _____ Evening: _____

Fax: _____ E-Mail: _____

Hours:

Table with 7 columns: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

Other Locations:

Name (if different): _____

Address: _____ City, State, Zip: _____

Name (if different): _____



Michigan Medical Group Management Association
2123 University Park Drive, Suite 100, Okemos, Michigan 48864
517-253-8036

Address: _____ City, State, Zip: _____

Report Dispatch Instructions -These instructions tell our dispatchers how to deliver your alerts to you.

Report alert: [] Yes [] No
If yes, report alert Via: [] Email [] Fax
If yes report alerts: [] As Reported [] Weekly [] Monthly

I understand my company/office assumes full responsibility for securing and maintaining the integrity and confidentiality of all caller information, in accordance with HIPAA regulations, once it arrives at the designated e-mail address and/or fax number.

The Primary Contact is to sign for permission to activate the Hotline for the company.

Signature _____ Date _____

Your Hotline Registration will be effective 10 days after receipt of this form and the hotline number will be emailed to the Primary Contact for publication to your employees.

Payment Information

[] MiMGMA Member Pricing- \$100/year
[] MiMGMA Non-Member Pricing- \$250/year
[] Check payable to MiMGMA, check # _____
[] Credit Card: [] Visa [] MasterCard [] Discover [] AMEX

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Credit Card Billing Address (if different from above):

Address: _____ City, State, Zip: _____

Send completed form with payment to:
MiMGMA, 2123 University Park Drive, Suite 100, Okemos, MI 48864
Fax: 517-708-7250 Email: mlarre@mimgma.org
Tel: 517-253-8036