

Michigan Medical Group Management Association 104 Inverness Terrace East, Englewood, CO 80112 877-275-6462 x9583 | Hotline Account Number: 3817

Compliance Hotline Application

| Name of Com | pany: | | | | | |
|--------------------------------|---------|-------------------|---------------|--------|----------|--------|
| Address: | | City, State, Zip: | | | | |
| Primary Conto | ıct: | | | | | |
| | | | (Name, Title) | | | |
| Address: | | City, State, Zip: | | | | |
| Direct Phone: | | Evening: | | | | |
| Fax: | | E-Mail: | | | | |
| Hours: | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Secondary Co | ontact: | | (Name, Title) | | | |
| | | | | | | |
| Address: City, State, Zip: | | | | | | |
| Direct Phone: | | | Evening: | | | |
| Fax: | | | E-Mail: | | | |
| Hours: | | | , | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| | | | | | | |
| Other Location Name (If differ | | | | | | |
| Address: City, State, Zip: | | | | | | |
| Name (If diffe | rent): | | | | | |
| Addross | | | City State | 7:01 | | |



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| eport Dispatch Instructions -These instructions tell our dispatchers now to deliver your dierts to DU. |) | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| eport alert: Yes No yes, report alert Via: Email Fax 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. | | | | | | | | |
| ne Primary Contact is to sign for permission to activate the Hotline for the company. | | | | | | | | |
| gnature 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. | | | | | | | | |
| ayment Information | | | | | | | | |
| MiMGMA Member Pricing- \$100/year MiMGMA Non-Member Pricing- \$250/year | | | | | | | | |
| Check payable to MiMGMA, check # Credit Card: Wisa MasterCard Discover AMEX | | | | | | | | |
| redit Card Number: | | | | | | | | |
| xpiration Date:Security Code: | | | | | | | | |
| ame on Card: | | | | | | | | |
| redit Card Billing Address (if different from above): | | | | | | | | |
| ddress: City State 7ip: | | | | | | | | |

Email completed form to info@mimgma.org

Check payments may be mailed to:
Michigan MGMA
104 Inverness Terrace East
Englewood, CO 80112