

3. Describe or provide a copy of your dues formula for each type of membership. Please note which materials you are providing by mail or fax. *If formula is the same for hospitals regardless of service or ownership, please complete for General Medical/Surgical and mark others "same."*

Membership Type - Hospitals	Dues Formula
General Medical/Surgical	Percentage based off of hospital operating revenue
Children's	Percentage based off of hospital operating revenue
Psychiatric/Behavioral Health	Fixed rate
Rehabilitation	Fixed rate
Long-Term Acute Care	Percentage based off of hospital operating revenue
Other Specialty/Limited Services	Fixed rate
Membership Type - Others	
Federal - VA: DOD (Army, Navy, etc); US Public Health Service	Fixed rate
Headquarters/Multi-hospital systems	
Ambulatory/Outpatient/Free-standing Surgical Centers	
Other Patient Care Provider Organizations	
Associate or Commercial Members/Sponsors	Fixed rate
Individual/Personal Members	
Other	