

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	Based on total expenses-1.15 per thousand –first \$5,000,000; 1.05 per thousand on next 5,000,000; .80 per thousand don next \$5,000,000 and .25 per thousand on balance
Children's	Same
Psychiatric/Behavioral Health	Same
Rehabilitation	Same
Long-Term Acute Care	Based on total expenses-.575 per thousand –first \$5,000,000; .525 per thousand on next 5,000,000; .40 per thousand don next \$5,000,000 and; .125 per thousand on balance
Other Specialty/Limited Services	Same as med/surg unless it is long term then it is same as long term acute
Membership Type - Others	
Federal – VA: DOD (Army, Navy, etc); US Public Health Service	\$1,300 flat fee
Headquarters/Multi-hospital systems	No charge if all hospitals are members
Ambulatory/Outpatient/Free-standing Surgical Centers	\$1,300 flat fee
Other Patient Care Provider Organizations	--
Associate or Commercial Members/Sponsors	\$600 flat fee
Individual/Personal Members	\$50 to \$100
Other	