



Please provide complete and legible information

Part I: Directory Information

Name of Firm			
Address			
City		State	Zip Code
Primary Contact		Title	
Telephone Number	Fax Number		E-mail Address
Website Address		Link to my website address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Contacts

Contact	Title
Telephone Number	E-mail Address
Contact	Title
Telephone Number	E-mail Address
Contact	Title
Telephone Number	E-mail Address
Year business established:	Number of FTEs:
Started working with pathology practices in (Year)	
I/we are working with the following number of pathology practices:	
I/we have worked with the following number of pathology practices:	
References available? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List the professional organization(s) to which you belong that relate to your area(s) of pathology practice management services:

List states in which your firm provides services: (check all or list below) All

Description of your services in 100 words or less: (attach additional pages if needed)

Part II: Key Competencies and Experience Profile (Check all that apply)

A. Compliance and Risk Management

<input type="checkbox"/> Compliance plans	<input type="checkbox"/> Risk reduction
<input type="checkbox"/> Information Technology Compliance	<input type="checkbox"/> Other, please specify

B. Coding and Reimbursement

<input type="checkbox"/> Billing service	<input type="checkbox"/> CPT coding
<input type="checkbox"/> Billing software	<input type="checkbox"/> Denial management
<input type="checkbox"/> Credentialing physicians with payers	<input type="checkbox"/> ICD-9 Diagnosis Coding
<input type="checkbox"/> Coding and billing audits	<input type="checkbox"/> Payer contracting
<input type="checkbox"/> Coding training	<input type="checkbox"/> Reference material publisher
<input type="checkbox"/> Collection agency	<input type="checkbox"/> Other, please specify

C. Business Development and Marketing

<input type="checkbox"/> Implementing emerging laboratory technology	<input type="checkbox"/> Pathology services contracting (with hospitals, clinics, surgery centers, etc.)
<input type="checkbox"/> Laboratory ventures and mergers	<input type="checkbox"/> Courier service
<input type="checkbox"/> Pathology/laboratory marketing	<input type="checkbox"/> Order entry and reporting systems
<input type="checkbox"/> Market study	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Business development planning	

D. Information Technology

<input type="checkbox"/> Desktop and network services	<input type="checkbox"/> Web page development and/or hosting
<input type="checkbox"/> Laboratory information system	<input type="checkbox"/> RFP development
<input type="checkbox"/> Information system project management	<input type="checkbox"/> Other, please specify

E. Financial Management/Governance/Business Operations

- | | |
|---|---|
| <input type="checkbox"/> Accounting/
Tax | <input type="checkbox"/> Practice organization
(Startup/Restructuring/Mergers/Dissolution) |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Practice valuation |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Succession planning |
| <input type="checkbox"/> Laboratory/medical office architecture and
construction | <input type="checkbox"/> Organizational development |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Physician compensation plans | |

F. Human Resources

- | | |
|--|--|
| <input type="checkbox"/> Benefit Plan development and management | <input type="checkbox"/> Physician contracting |
| <input type="checkbox"/> Employee policy and manual
development | <input type="checkbox"/> Pathologist search firm |
| <input type="checkbox"/> Human resource compliance | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Locums | |

G. Professional Development

- | | |
|---|--|
| <input type="checkbox"/> Executive mentoring | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Leadership development | |
| <input type="checkbox"/> Time management | |

H. Laboratory Products and Services/Medical Director/CLIA Laboratory Director

- | | |
|---|--|
| <input type="checkbox"/> Deiner services | <input type="checkbox"/> Pathologists assistants |
| <input type="checkbox"/> Laboratory management | <input type="checkbox"/> Reference laboratory |
| <input type="checkbox"/> Laboratory safety | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Laboratory accreditation preparation | |

I. Other, please specify

The following individuals have been contacted to provide referrals:

1)

2)

3)

Part III: Billing Information

Billing Contact		Title	
Name of Firm			
Billing Address			
City		State	Zip Code
Telephone Number	Fax Number		E-mail Address

	Amount
Application Fee – Non-refundable	\$50

Annual Listing Fee (Check your company size)		
<input type="checkbox"/> 1 - 15 FTEs	\$500	
<input type="checkbox"/> 16 – 50 FTEs	\$1,000	
<input type="checkbox"/> More than 50 FTEs	\$1,500	
Your annual (January - December) fee		
Additional Addresses		
<input type="checkbox"/> Each additional address	\$500	
Total		

Part IV: Payment Options

<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Check Enclosed (Make check payable to the College of American Pathologists)	
Card Number	Expiration Date
Cardholder's Name	Signature
Today's Date	Payment Amount (US Dollars)

Please e-mail, mail or fax payment and the completed application to:

Jackie Glanton
 College of American Pathologists
 325 Waukegan Road
 Northfield, IL 60093

Phone: 800-323-4040, extension 7796

Fax: 847-832-8796

E-mail: jglanto@cap.org