



NERVES

Neurosurgery Executives' Resource Value & Education Society

Membership Application - \$175

Name _____ Title _____

Practice _____

AANS/CNS Physician Member _____

Full Address _____

Phone _____ Fax _____

E-mail _____

List all practicing clinicians in your practice (attach letterhead)

Please indicate the total number of clinicians in your practice:

Neurosurgeons _____ full-time _____ part-time _____
Physiatrists _____ full-time _____ part-time _____
Physician assistants _____ full-time _____ part-time _____

Neurologists _____ full-time _____ part-time _____
Anesthesiologists _____ full-time _____ part-time _____
Nurse practitioners _____ full-time _____ part-time _____

Please indicate the ancillary services provided in your facility:

___ MRI Scanner ___ CT Scanner
___ Ambulatory Surgery ___ Physical Rehabilitation

Other _____

Which practice management software do you use?

___ Medical Manager ___ MISYS (Medic)
 ___ IDX

Other _____

Do you do your transcription:

___ In-house ___ Outsourced
___ EMR

If outsourced or using an EMR package, which vendor do you use?

Are you doing electronic prescriptions? _____

What are the top four managed care organizations in your area?

1. _____
2. _____
3. _____
4. _____

Method of Payment (Circle One)

Total: \$175

- Check Check# _____
 Visa
 MasterCard

Credit Card # _____ **Expiration** _____

CID number (AMEX) ____ ____ ____ ____ Last 3 digits from number on back of card (VISA/MC) ____ ____ ____

Name on Card (please print) _____

Billing Address *(include City State & Zip)* _____

Signature _____

Please mail application and payment to NERVES, 400 East Boulevard, Suite 210 Charlotte, NC 28203 or fax to (704) 365-3678.

If you have any questions, please call 704-940-7386, email Melissa@NERVESadmin.com,
or contact Lisa Beebe
c/o The University of Texas Health Science Center At San Antonio
Department of Neurosurgery
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