

Questionnaire for AHBA Accreditation

Company Name: _____

Owner/President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ Fax # () _____

Email Address: _____ Website: _____

For primary information, please answer the following questions:

1. Does your organization, owners or management team have a minimum of five (5) years of service to the healthcare industry?

Yes _____ No _____

2. Does 70% of your current business assignments derive from the healthcare industry – Physicians – Hospitals, Billing Companies or Ancillary services?

Yes _____ No _____

3. If less than 70% of your current assignments are from healthcare providers, or their ancillary services, to qualify for accreditation you can organize a special division to service healthcare referrals. Are you willing to comply?

Yes _____ No _____

4. Will your organization agree to grant independent compliance representatives access to documents records necessary to ascertain compliance with the accreditation standards?

Yes _____ No _____

5. Are you a member in good standing with any of the following associations?

Association of credit and collection professionals (ACA International)

The Healthcare Financial Management Association

Medical Dental Hospital Business Association

Debt Buyer Association

Yes _____ No _____

Sign: _____ **Title:** _____ **Date:** _____

Upon receipt of this primary information you will be contacted by an HBA representative to further clarify you requirements for accreditation

Complete and send to HBA

Post Office Box 1188 • Rancho Mirage, California 92270

(888) 292-6929 Cell (714) 612-7777