



Medical Association of Billers
 2620 Regatta Drive, Suite 102
 Las Vegas, NV 89128
 702-240-8519 ~ Fax: 702-243-0359

CMBS APPLICATION				
Applicant Information (As you would like your name to appear on your certificate)				
Last Name	First Name	M.I.	Date	
Address		City	State	Zip
Day Phone No.	Phone 2		Fax No.	
Company Name		Email		
Company Address		City	State	Zip
How many years in Medical Billing?	What continuing education classes would you like to take?			
Exam Information				
Location		Date	Proctor's Name	
PowerWeekend <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Payment	

Student Fees:		X
CMBS Exam & Membership	\$314	
Individual Membership	\$115	
Test only if already a Member	\$199	

The above form must be completed for each student.

Please print out this form and mail along with your payment

~or~

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