



# Florida Accountable Care Organization Membership Application

## Applicant Information

Organization Name
Point of Contact

## Address

Number	
Street	
City	
State	Zip Code

## Phone

Office
Direct Line
Mobile
Fax

## Online Contact

Email
Website

## Profile

- Existing ACO
- Interest in joining ACO

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## ACO Statistics

<input type="checkbox"/> Medicare Shared Savings Plan	<input type="text"/>	Number of Doctors
<input type="checkbox"/> Advanced Payment	<input type="text"/>	Number of Patients
<input type="checkbox"/> Hospital Owned or Affiliated	<input type="text"/>	Total Physician Groups

## Affiliations

<input type="checkbox"/> Current NAACOS Member	<input type="text"/>	Other Affiliations
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## Membership Level

NAACOS members receive 25% discount on FLAACOs membership

- Organization Membership - \$1,500
- Individual Membership - \$150
- Student- \$75

## Method of Payment

- Credit Card
- Check Attached

Credit Card Number	CVV	
Billing Address		
City	State	Zip Code

No charges will be processed until the board approves membership. An email notification will be provided when the payment is processed.