**The California Bones Society, Inc. (CBones)**

**A State Society of Orthopaedic Administrators and Managers**

***Our mission is to be the primary networking, educating, and supporting resource for***

***independent orthopaedic practices in California.***

**Membership / Renewal Invoice**

2019 Annual Membership Fee: $100

**FIRSTNAME** Click here to enter text. **# OF PRACTICE LOCATIONS** Click

**LASTNAME** Click here to enter text. **PHONE** Click here to enter text.

**PRACTICE NAME** Click here to enter text. **FAX** Click here to enter text.

**ADDRESS** Click here to enter text. **E-MAIL** Click here to enter text

**CITY/STATE/ZIP** Click here to enter text.

**I am an:**  **TYPE OF PRACTICE:**

**Orthopedic Executive**   **PRIVATE PRACTICE**

**Vendor Business Associate -** [**Download Application**](http://cbones.org/wp-content/uploads/2019/01/Vendor-Business-Associate-Application-112918.pdf)  **ACO/OTHER:** Click or tap here to enter text.

**HOSPITAL-OWNED GROUP**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRACTICE MANAGEMENT SYSTEM** Click here to enter text.

**EMR SYSTEM** Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF ORTHOPAEDIC SURGEONS** Click here to enter text.

**NAME OF OTHER PHYSICIANS/PODIATRISTS IN GROUP (include their name and specialty)** Enter Text

**# OF OTHER HEALTH CARE PROFESSIONALS IN GROUP**

**Physical Therapists** Click here to enter text. **Occupational Therapists** Click here to enter text.

**Medical Assistants** Click here to enter text. **Physician Assistants** Click here to enter text.

**Nurse Practitioners** Click here to enter text.  **Athletic Trainers** Click here to enter text.

**Cast Techs** Click here to enter text. **Others** Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN-OFFICE ANCILLARY SERVICES (Check all that apply)**

**Physical Therapy  Occupational Therapy  Pharmaceuticals**

**X-Ray (digital/analog)  MRI (full body/extremity)  Ultrasound**

**DME  Bone Density  Mini C-Arm/Fluro**

**ASC Ownership Interest  Physician Owned Distributorship  Other** Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information**

**Pay by check**: **Make check payable to CBones.**

Mail completed form/check to: CBones, 131 Raley Blvd., Chico, CA 95928-8347

Pay by Credit Card: Use online application.

Questions should be directed to: 916-454-9884.