**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**

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

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

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**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.

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**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.

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**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.