



**Colorado Association for Medical Equipment Services  
2022 Membership Application/Invoice**

Date: \_\_\_\_\_

**COMPANY INFORMATION**

Name of Organization \_\_\_\_\_

Key Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**MEMBERSHIP DUES:** Remit by **February 11, 2022** so membership benefits won't be interrupted or delayed.

Check One	Annual DME Revenue in Colorado	Dues	2022** Lobbying	Total
___	Under \$500,000	\$ 400	\$ 50	\$ 450
___	\$500K to \$1 million	\$ 750	\$ 50	\$ 800
___	\$1 million to \$5 million	\$ 1,450	\$ 50	\$ 1,500
___	\$5 million and over	\$ 1,950	\$ 50	\$ 2,000
___	New Member 25% off member level (ex. \$800-200=\$600)*	25% off	\$ 50	
___	Associate (Vendor)	\$ 650	_____	_____
___	Friends of CAMES (Donor)	\$ 300	_____	_____

\*New Member offer valid through April 1, 2022.

\*\*Please note that the portion of your payment to CAMES used for lobbying is not tax deductible.

**PAYMENT METHOD**

- Check enclosed made payable to CAMES  
 Charge my  MasterCard  Visa  American Ex.

I authorize CAMES to bill my credit card in the amount of \$\_\_\_\_\_ one time/quarterly (circle one).

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code (3-digit code on back of card) \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Billing Address for the Credit Card

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please complete both pages and send with payment to:**

By mail: Aponte & Busam c/o CAMES Attn: Cindy Link 110 16<sup>th</sup> Street, Suite 1400 Denver, CO 80202

By email: to Cindy Link at [clink@aponte-busam.com](mailto:clink@aponte-busam.com). Questions, please call Cindy at 303-358-4485

## HELP CAMES SERVE YOU BETTER

Your Company's Web Site \_\_\_\_\_

Service Area \_\_\_\_\_

Medicaid Provider \_\_\_ Yes \_\_\_ No

Medicare Provider \_\_\_ Yes \_\_\_ No

### Services Provided (circle all that apply)

\*Wheelchairs & Rehab \*Oxygen & Oxygen Equipment \*Infusion \*Medical Supplies

\*Disposable Supplies \*Orthotics & Prosthetics \*DME \*Consultants \*Manufacturer/Other Industry Vendors

### List any other employee email addresses that you would like to receive CAMES communications:

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

### MEDICAID-PENDING BENEFICIARY DISCOUNT

Health Care Policy and Finance has asked CAMES for a list of its members willing to offer a discount to people waiting for Medicaid approval. On the CAMES's website there is a heading, "Provider's Offering Medicaid Pending Beneficiaries Discounts." There is a link from the HCPF website to the CAMES' website. As a CAMES member, if you do **NOT** want to have your company name listed as one that will offer a discount, please check the box below requesting that your company not be listed.

- Please do not include my company in this list.

### INDEMNIFICATION

Member agrees to indemnify and hold harmless the Association, its officers, directors, employees and agents (each an "Indemnified Party"), from and against any and all claims, demands, causes of action, losses, damages, costs, expenses or liabilities of any type or nature whatsoever, direct or indirect, at law or in equity, whether sounding in tort or contract, arising from or in any way relating to the negligent acts or omissions of any Indemnified Party.

### STATEMENT OF NON-COLLUSION

As a member or prospective member of the Colorado Association of Medical Equipment Services (CAMES), I hereby certify that I have not and will not collude with any official of CAMES or any other member of CAMES in any way in the preparation or submission of pricing for my goods and services to any customer or payer. In addition, no official of CAMES will receive anything of economic value from me or my company, either directly or indirectly, if I or my company benefits from the consulting or legislative efforts of CAMES. This statement shall be considered as ongoing for as long as I continue to be a member of CAMES. Should it be determined that the statements made herein are false, I understand that I will be ineligible to remain a member.

\_\_\_\_\_  
COMPANY NAME (PLEASE PRINT)

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
NAME OF ABOVE (PLEASE PRINT)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE