



**Michigan Medical Billers Association &
 American Medical Billing Association (AMBA)**
 Certification Program
Certified Medical Reimbursement Specialist (CMRS)

Members Name: _____ Title: _____

Employer: _____

Address: _____

Suite #: _____ City: _____ Zip: _____ County: _____

Phone: () _____ email: _____

CMRS Test, Study Guide and AMBA Membership	MMBA Member Price	\$450.00
CMRS Test, Study Guide and AMBA Membership, MMBA membership	Non Member	\$600.00

SUBMIT PAYMENT:

Method of Payment (please check one)	Instructions
<input type="checkbox"/> Check – Make Checks Payable to: MMBA	Mail Application & Check to: Michigan Medical Billers Association P.O. Box 4031 East Lansing MI 48826
<input type="checkbox"/> Credit Card via Pay Pal	<input type="checkbox"/> Mail Application <input type="checkbox"/> Fax Application (248.247.2722) <input type="checkbox"/> Email Application (info@mmbaonline.org)

Contact Information:

855.360.3401 (P)

248.247.2722 (F)

Email: info@mmbaonline.org

Website: www.mmbaonline.org

For Office use only: Promo Code <u> AMBA </u>
