

TO: Patient Access, Business Office and Patient Account Managers

Past KAHPAM Members Chief Financial Officers

FROM: Sheila Eichman, 2026 President of KAHPAM

DATE: November 2025

SUBJECT: 2026 KAHPAM Membership Application

The Kansas Association of Healthcare Patient Access and Account Managers (KAHPAM) will start a new membership year on January 1, 2026. We would like to invite you to join or renew your membership for 2026 or to join our organization if you are not a current KAHPAM member.

KAHPAM is an allied organization of the Kansas Hospital Association and is organized exclusively for educational and networking purposes. The area of patient access/patient account/financial management is constantly changing. Today, more than ever before, good management skills are vital when converting patient revenue into cash. Business office personnel play a vital role in the entire revenue cycle from the frontline patient access employees through the final collection of the claim.

KAHPAM has two meetings scheduled for 2026. The first meeting is scheduled for April 16-17, 2026, at the Hilton Garden Inn in Salina, KS, and is a joint meeting with the Sunflower (Kansas) Chapter of Healthcare Financial Management Association (HFMA). KAHPAM will wrap up the year with a fall meeting on September 18, 2026, 2026 at the Hilton Garden Inn in Salina. We have not finalized agendas for the 2026 meetings, however, we plan to hit on hot topics in the business office and patient access arena.

Enclosed please find a membership application and a brochure listing the meeting dates, board members, officers and committee chairs. Our annual dues are \$60.00 for each member. If you would like to renew or join KAHPAM, please complete the membership form and mail it, along with your membership fee, to Dee Lewis, Kansas Hospital Association, 215 SE 8th Avenue, Topeka, KS 66603-3906. Make check payable to KAHPAM.

You can also pay with a credit card. If you choose this option, please email or fax your application to Dee Lewis, dlewis@kha-net.org or 785-233-6955 and then call 785-276-3110 with your credit card info.

We are excited about this organization and the role it plays in health care. Any questions can be directed to me at (785) 688-4448 or email me sheila.eichman@rch.health. Thanks for your interest and we look forward to seeing you in 2026!!!

Enclosures

2026 APPLICATION FOR MEMBERSHIP

Kansas Association of Healthcare Patient Access and Account Managers

Thank you for your interest in Membership in the **Kansas Association of Healthcare Patient Access and Account Managers**. **KAHPAM** is organized exclusively for educational purposes. Its members consist primarily of individuals employed by Kansas hospitals and employees of other firms who are concerned with, or involved in admission, registration or patient accounts. Hospitals or affiliated clinics of all sizes are represented on the membership roll.

We encourage you, or someone within your organization, to become involved in our group. Our objectives are: to advance the development of effective patient account management techniques, promote effective collection procedures, educate and stimulate our members, to broaden the capabilities of patient account and patient access personnel in the management of patient accounts and to make available a wide range of resources.

If you are interested in joining our organization, please complete this application and return it to the address listed below. The strength of **KAHPAM** is in the size and diversification of its membership. By becoming a member, you have the opportunity to increase your networking opportunities with other providers as well as to help KAHPAM grow.

If you would like to find out more about **KAHPAM** before joining, please call us at (785) 276-3110 and ask when our next meeting will be held; then come see for yourself!

Name				
Last Name		First Name		Middle Initial
Title		Healthcan	re Experience	Yrs
Hospital, Clinic or Firm				
Address_	treet			
S	treet	City	State	Zip
Telephone Number:		E-Mail Address:		
	New Applic	cation [Membership Re	newal
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	gular Member is an <u>individua</u> ounts or patient access. Mem			ider that is concerned with
I hereby apply for membership in agree to abide by the rules and reg				ers. If accepted, I hereby
Date	Signature			
Check One: Payment Option 1 Pay by check: Make chec Mail application and ch Dee Lewis Kansas Hospital Associa 215 SE 8th Avenue Topeka, KS 66603-3906	eck to: ation			
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Please return as soon as possible