



TO: Associate Members

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 year on January 1, 2026. As an active Associate Member, we would like to invite you to join or renew your membership for 2026.

KAHPAM is an allied organization of the Kansas Hospital Association and is organized exclusively for educational and networking purposes. 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 at the Hilton Garden Inn in Salina. We plan to hold a vendor fair during the both events.

The dues for Associate Members for 2026 is \$85 per individual from your organization. Please note that according to the KAHPAM Bylaws, solicitation (i.e. setting up a vendor booth) is not allowed at KAHPAM meetings, unless there is a vendor fair. If you would like to 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 the upcoming year's events and the role that KAHPAM plays in keeping our members aware of the important issues surrounding patient access and patient accounts. If you have any questions, please call me at (785) 688-4448 or email me atsheila.eichman@rch.health.

Thanks for your interest!

Enclosures

2026 APPLICATION FOR ASSOCIATE 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: _____

Organization: _____

Address: _____
Street City State Zip

Telephone Number: _____ E-Mail Address: _____

New Application Membership Renewal

Membership Classification

- Associate Member:** An Associate Member is an individual employed by non-provider firms indirectly involved in the health care industry and provide either direct or indirect support to patient account management activities for health care providers.
Membership fee is \$85.00 per year per individual.

I hereby apply for membership in the **Kansas Association of Healthcare Patient Access and Account Managers**. If accepted, I hereby agree to abide by the rules and regulations as prescribed in the Constitution and Bylaws of **KAHPAM**

Date _____ Signature _____

Check One:

- Payment Option 1
Pay by check: Make checks payable to **KAHPAM**
Mail application and check to:
Dee Lewis
Kansas Hospital Association
215 SE 8th Avenue
Topeka, KS 66603-3906
- Payment Option 2
Pay by credit card: Email/Fax application and then call Dee Lewis with credit card info
dlewis@kha-net.org, 785-233-6955 (fax), 785-276-3110 (direct)

Please return as soon as possible

(2/18/2026)