



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

CMRS Tester's Name: _____ Title: _____

Employer: _____

Address: _____

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

Phone: () _____ email: _____

CMRS Test, Study Guide and AMBA Membership	MMBA Member Price	\$480.00
CMRS Test, Study Guide and AMBA Membership, MMBA membership	Non-Member	\$630.00

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 – Call Admin Assistant to make card payment at 855.360.3401.	<input type="checkbox"/> Mail Application (or) <input type="checkbox"/> Email Application to: info@mmbaonline.org

Contact Information:

Phone: 855.360.3401
Scan and email form to:
Email: info@mmbaonline.org
Website: www.mmbaonline.org

For Office use only: Promo Code <u> AMBA325 </u>
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