



Medical Association of Billers

PO Box 1090
Mount Jackson, VA 22842
888-507-0021 • www.mabillers.com

**Certified Medical Billing Specialist®
Examination Enrollment Form**

Please type or print legibly

| | | | |
|--------------------------|--|---|-------------|
| Proctor Name: | | | |
| Proctor Location: | | | |
| Student's Name | | Exam Date | |
| Student's Address | | City | State Zip |
| Student's Phone | | Student's Email | |
| Fees | | | |
| MAB Membership | | <input type="checkbox"/> \$100 Individual <input type="checkbox"/> \$90 Student <input type="checkbox"/> \$90 Small Corporate <input type="checkbox"/> \$80 Medium Corporate <input type="checkbox"/> \$70 Large Corporate <input type="checkbox"/> Already MAB Member | |
| CMBS Examination | | <input type="checkbox"/> \$199 | |
| Total: | | \$_____ | |

Note: MAB membership is required to sit for the CMBS™ examination.