



Medical Association of Billers

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

Proctor Exam Request Form

Proctor Site Location:			
Proctor's Name		Exam Date and Time	
Exam Ship To Address		City	State Zip
Proctor's Phone		Proctor's Email	
Membership Fees			
# of New Memberships: _____		_____ x \$90 = \$ _____ (total) _____ x \$20 = \$ _____ (proctor) _____ x \$70 = \$ _____ (MAB)	
Exam Fees			
If 1-5 exams # of Examinations: _____		_____ x \$199 = \$ _____ (total)	
If 6-15 exams # of Examinations: _____		_____ x \$199 = \$ _____ (total) _____ x \$20 = \$ _____ (proctor) _____ x \$179 = \$ _____ (MAB)	
If 16+ exams # of Examinations: _____		_____ x \$199 = \$ _____ (total) _____ x \$30 = \$ _____ (proctor) _____ x \$169 = \$ _____ (MAB)	
Study Guides			
# of Study Guides: _____		_____ x \$60* = \$ _____ (total)	
Total Owed to MAB		\$ _____ (*plus any shipping/handling)	

* Plus shipping and handling