



**Medical Association of Billers**

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

**Proctor Exam Request Form**

<b>Proctor Site Location:</b>			<input type="checkbox"/> Online <input type="checkbox"/> Hard Copy	
Proctor's Name		Exam Date <span style="float: right;">Time</span>		
Exam Ship To Address		City	State	Zip
Proctor's Phone		Proctor's Email		
<b>Membership Fees</b>				
# of New Memberships: _____		_____ x \$90 = \$ _____ (total)	_____ x \$20 = \$ _____ (proctor)	
		_____ x \$70 = \$ _____ (MAB)		
<b>Exam Fees</b>				
If 1-5 exams		_____ x \$199 = \$ _____ (total)		
# of Examinations: _____				
If 6-15 exams		_____ x \$199 = \$ _____ (total)		
# of Examinations: _____		_____ x \$20 = \$ _____ (proctor)		
		_____ x \$179 = \$ _____ (MAB)		
If 16+ exams		_____ x \$199 = \$ _____ (total)		
# of Examinations: _____		_____ x \$30 = \$ _____ (proctor)		
		_____ x \$169 = \$ _____ (MAB)		
<b>Study Guides</b>				
# of Study Guides: _____		_____ x \$60* = \$ _____ (total)		
<b>Total Owed to MAB</b>		\$ _____ (*plus any shipping/handling)		

\* Plus shipping and handling