

**NCMGMA**

Medical Employee Salary & Benefits Online Survey



**MGMA**  
NORTH CAROLINA

## Order Form

### 2019 NCMGMA Salary & Benefits Survey for Medical Practices

*(based on 2019 data)*

#### NCMGMA Salary/Benefit Survey Order Form

**NCMGMA Member \$300**       **Non-Member \$500**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please note that once payment has been approved, an email will be sent to you directly with the link and log in instructions on how to access the reporting tools on the NCMGMA Survey.**

**Method of Payment**     Check     Visa     MasterCard     Discover     AMEX

Credit Card # \_\_\_\_\_

CID #: 4 digits on front of card above CC# (AMEX) \_\_\_\_\_

Exp. Date \_\_\_\_\_

CID #: 3 digits from back of card (Visa/MC/Discover) \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Mail this form with your payment to NCMGMA, 1300 Baxter St., Suite 360, Charlotte, NC 28204**

**OR Email this completed form to [Info@ncmgm.org](mailto:Info@ncmgm.org)**

Please call the NCMGMA office at 704-365-0565 or 800-753-6462 with any questions.