



The Pinnacle Award

The Pinnacle Award is a prestigious award presented by the Medical-Dental-Hospital Business Associates (MDHBA) to recognize member agencies that have demonstrated a commitment to providing the very best in quality service. Established in 1993, Award recipients must submit detailed documentation, including letters of recommendation from their healthcare clients.

A. General Program Requirements

1. At least one senior manager must be certified by MDHBA as a Certified Professional Business Executive (CPBE).
2. Verification that the company has been engaged in business to service the healthcare industry a minimum of five (5) years.
3. Provide a listing of services offered current healthcare clients.
4. Provide a listing of trade association memberships, length of time in each, and positions held, if any.
5. Provide a listing of memberships in civic organizations, either by the company itself or by senior managers, the length of membership in each and positions held, if any.
6. Provide a listing of officers and/or owners, their length of time with the company and length of time in the industry.
7. Demonstrate participation in an annual meeting program and/or participation as a member of a committee or as a member of the Board of Directors, and/or attendance/representation at an MDHBA-sponsored seminar.

B. Specific Program Requirements

1. Abide by all federal and state laws, and maintain on-going training for all personnel in all their areas of responsibility.
2. Provide a statement listing the agency's bonding and insurance coverage, i.e. fidelity bond, professional errors and omissions, general liability insurance, valuable papers coverage, etc.

3. Maintain a minimum indemnity bond of \$10,000, even if the state law does not require it. Please submit a copy of this bond.
4. Provide five (5) letters of recommendation from healthcare professionals, clinic administrators, hospital patient account managers, or the manager of an office with no less than three (3) physicians.
5. Provide a bank reference letter confirming that the Agency maintains an operating account, trust account, and/or special accounts at that branch, and that their experience has been satisfactory.
6. Provide a letter confirming that qualified collectors have achieved the MDHBA Collector Certification.

Agency Commitment Statement

I have reviewed the requirements to qualify for the Medical Dental Hospital Business Associates (MDHBA) Pinnacle Award and hereby submit the required documents for approval. The signature below attests to the completeness and accuracy of those documents.

Signature _____ Date _____

Name: _____

Title: _____

Name of Agency: _____

Address: _____

To Apply for Consideration

Submit the Agency Commitment Statement of above-referenced requirements, and an administrative application fee of \$200.00 to:

MDHBA
350 Poplar Avenue
Elmhurst, IL 60126

