



Texas Society of the American College of Osteopathic Family Physicians

1415 Lavaca St. Austin, TX 78701
Office: 512-585-5168 Fax: 512-708-1415
Web: www.txacofp.org

The Texas ACOFP chapter is a network of Texas Osteopathic Family Physicians dedicated to providing expert advice and service.

Texas ACOFP actively represents the rights and interests of Osteopathic Family Physicians and helps preserve the freedom to provide the best care to their patients.

--We Want YOU!--

Your Paid Membership Benefits Include

CME, Community and Networking

Our Educational Seminars provide a unique opportunity for peer networking. Our Texas meetings allow you to meet CME requirements at affordable rates.

Practice Management Support

Many of our educational programs feature Practice Management Sessions designed for physicians and staff.

Members will be able to utilize Texas ACOFP as a resource for billing medical claims. Contact our office with your billing questions or fax your unpaid explanation of benefits to our office for advice on getting your claims paid.

Log onto our website at www.txacofp to link to valuable information including the Texas Department of Insurance which includes the Texas standardized credentialing application and many other resources.

American Heart Certification

We provide BLS, ACLS and PALS training several times per year.

Student and Resident Support

A portion of our budget supports family medicine student and resident programs and activities. This is a meaningful way to give back and help build the next generation of Osteopathic Family Medicine Physicians.

Osteopathic Political Action

Our Texas ACOFP Board and Committee members work with other associations and groups to protect your rights as an osteopathic physician.

Annual Dues \$125

Students and Residents are encouraged to join, membership is complimentary.

Please complete and return the application to our office:

Fax: 512-708-1415

Email: Krisb.txacofp@gmail.com

Office: 1415 Lavaca Street Austin, TX 78701

Membership Application

Name

Mailing Address

Address

City, State, Zip

COM College

Year Graduated

AOA Number

Contact Information:

Email

Phone

Area(s) of Interest

Leadership (Board of Governors)

Delegate

Committee

Student Involvement

Other (please list)

Method of Payment:

Check

Credit Card (Visa, Mastercard, American Express, Discover)

Credit Card Number

Expiration Date Security Code

Card Holder Name