



Missouri Alliance for HOME CARE

Provider Member Application

Membership Period: July 1, 2009 to June 30, 2010
Please return BOTH sides of this application with payment.

The Missouri Alliance for Home Care, representing the home care industry in the state of Missouri, provides information, education, advocacy and promotion of the home care industry and its members. Please return BOTH sides of this application with payment.

MEMBER INFORMATION

Complete one copy of this page for each site (a "site" is a physical location [address] of your company). All sites are considered MAHC members. Designate one site as the company's Main Site. Photocopy this page as necessary.

- Checkboxes for 'This IS the MAIN/Only Site of our company' and 'This is not the Main Site (multiple sites)'

CONTACT INFORMATION

Enter the information below EXACTLY as the company should be listed with MAHC.

Company _____

Address (THIS site) _____

City _____ State _____ Zip _____ County _____

Phone () Ext # Fax () Email: _____

Website - www. _____

Contact Person (for this site) _____

PROGRAMS PROVIDED:

- Checkboxes for Home Health, In-Home Services/DSDS, Consumer-Directed Svcs/DSDS, Hospice, Private Duty/Private Pay, Private Duty/Medicaid, Home Med. Equip, Infusion Therapy, Adult Day Care Svcs, Staffing, Other

AFFILIATIONS / ACCREDITATIONS

- Checkboxes for MCHS member, MHPCA member, NAHC member, CHAP accredited, MAMES Member, MoADSA Member, Other, Joint Commission accredited

CORPORATE STRUCTURE (check only one)

- Checkboxes for Freestanding, Government based, Hospital based, Nursing facility based, Not for profit, Proprietary, Government funded, Tax Exempt

COUNTIES SERVED

List all counties this Site serves. (Identify non-Missouri counties with state name.) Use another page if needed.

List the counties served by this site only.

Grid of lines for listing counties served

HOME CARE RESEARCH AND EDUCATION FOUNDATION:

The Foundation is exploring research opportunities important to home care. To date, our primary focus has been funding for scholarships for home care nurses and therapists. In addition, we endeavor to expand the public's knowledge of home care nursing and therapy. Please take this opportunity to contribute to the Foundation by designating your 2% reduction in dues to the Foundation or by making a donation of any amount in the dues section on page 2. Please take this opportunity to contribute to the Foundation.

Complete BOTH sides of this application and return it with payment and tax exempt status letter (if applicable) to: Missouri Alliance for Home Care, 2420 Hyde Park, Ste A ~ Jefferson City, MO 65109-4731, Phone (573) 634-7772

2009-2010 MAHC Provider Member Dues

HOW TO CALCULATE YOUR DUES

1. Count the number of sites being submitted with this membership application. A "site" = a physical location (address) of the company. Enclose one copy of the reverse side for each site.
2. Count the number of programs included in the "Programs Provided" section of this application. If more than one item is checked in the "Program" section of the application (see reverse side), the company is considered a Multiple Program provider, e.g., Home Health is one program, Hospice is one program, In-Home Services/DSDS is one program, etc.
3. Determine the Net Operating Revenue for all the programs included on this application. "Net Operating Revenue" includes the most recent fiscal year's revenues, excluding disallowances, contractual adjustments and non-operating revenues such as gifts, bequests and donations. Example: If the company provides home health, hospice and in-home programs, include the net operating revenue from all three programs to determine the dues.
4. Determine the dues amount based on the chart below.

DUES CALCULATION Provider Category	Net Operating Revenue		
	\$0 - \$1 Million	\$1 Million - \$5 Million	Over \$5 Million
One Site / One Program	\$750	\$1255	\$1850
Multiple Sites / One Program	\$830	\$1335	\$2195
One Site / Multiple Programs*	\$900	\$1410	\$2515
Multiple Sites / Multiple Programs*	\$980	\$1495	\$2825

*See listing of Programs Provided on reverse side.

\$\$ Please consider rounding up or making a voluntary payment increase.

PAYMENT INFORMATION

Company: _____

AMOUNT OF DUES: \$ _____

Less 2% if payment is received by July 31, 2009: (_____)

Balance Due: \$ _____

Foundation donation: \$ _____

Voluntary Increase: \$ _____

TOTAL ENCLOSED: \$ _____

VERIFICATION – I certify all information provided in this Provider Membership Application is accurate.

(Authorized Signature)

(Title)

(Date)

Important Information: MAHC is exempt from income tax under Internal Revenue Code 501(c)(6) as a trade association and, as such, dues and/or contributions to MAHC do not qualify as deductible charitable contributions. **Please Note:** Due to congressional action which eliminates the deductibility of lobbying expenses, MAHC reasonably estimates that only **88%** of MAHC membership dues may be deductible as an "ordinary and necessary business expense" for federal income tax purposes. Consult an attorney or tax advisor if you require further information on this law.

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