

Private Duty/Private Pay Member Application

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.

Private Duty/Private Pay provider membership is open to stand-alone organizations whose primary purpose is to deliver care services to individuals in their homes and are solely non-Medicare or non-Medicaid agencies. Services provided are mainly paid with private funds from the client/family (aka: private pay).

Private Duty/Private Pay stand-alone agencies are not licensed, certified or regulated in the state of Missouri.

① **Site Information:** (A "site" is a physical location of your company) All sites are considered members. Please complete a copy of this side of the application for **each site** and designate one the Main Site. (Photocopy this page as necessary)

- This is the *Only Site* **OR** Multiple Sites
 This is the Main Site
 This is *not* the Main Site

② **Program Provided:** (A program is a type of Home Care Service provided by your company)

Private Duty/Private Pay **(Stand Alone)**. This application does not pertain if your Agency participates in Medicaid and/or Medicare. Please refer to and complete MAHC's Provider Member Application, designate all programs/services and locations for your agency and submit appropriate Membership Dues.

Company Information:

Company _____

Address (this site) _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

Web- _____ Company Email _____

Contact Person _____ Email _____

Company Demographics:

Operational Structure: (check all that apply)

- Freestanding Freestanding/Franchise
 Not-For-Profit Proprietary

Ownership Control: (check one)

- Proprietary Sole Proprietor Proprietary Partnership
 Proprietary Corporation Private, Non-Profit
 Other _____

Counties Served: List all counties that THIS SITE serves in the box. Identify non-MO counties with state name. Attach another page if needed. List counties served by this site only.

_____	_____
_____	_____
_____	_____
_____	_____

2020—2021 MAHC Private Duty/Private Pay Member Dues

- ① **Sites:** One Multiple Sites
- ② **Programs:** One - Private Duty/Private Pay
- ③ **Calculation of Dues:** Determine the Net Operating Revenue for ALL sites you listed. "Net Operating Revenue" includes the most recent fiscal full year's revenues, excluding disallowances, contractual adjustments and non-operating revenues such as gifts, bequests, and donations.

Net Operating Revenue for All Sites listed is: \$ _____

Provider Category		③ Net Operating Revenue			
① Site	② Program	\$0 - \$1 Million	\$1 - \$3 Million	\$3 - \$5 Million	\$5 + Million
<i>One Site</i>	<i>One Program</i>	\$450	\$700	\$950	\$1200
<i>Multiple Sites</i>	<i>One Program</i>	\$600	\$850	\$1100	\$1350

Payment Information: Determine your dues amount using the chart above.

Company Name: _____

Amount of Dues Based on ①, ②, & ③ _____

Less 2% if payment is **paid by check:** _____

Balance Due: _____

Voluntary Round-Up/Increase: _____

TOTAL AMOUNT ENCLOSED: _____

If paying by Credit Card, please complete the following information and fax or mail (do not email) —Please print legibly

Name as it appears on card: _____

CC#: _____ Visa MC Discover Am. Express

Billing Address: _____ City, State, Zip _____

Exp. Date: _____ CVC(3 or 4 digit code) _____ Signature: _____

Verification: I certify that all information provided in the 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 **85%** 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.

Complete BOTH sides of this application & return it with payment to:



Missouri Alliance for HOME CARE

2420 Hyde Park, Suite A

Jefferson City, MO 65109-4731

Phone (573) 634-7772 Fax (573) 634-4374