

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.

Program Provided: (A program	☐ This is the <i>Only</i> Site is a type of Home Care Se	[ultiple Sites This is the Main S This is not the Ma by your company)	
☐ Private Duty/Private Pay (Stand A Please refer to and complete MAHC' and submit appropriate Membership	lone). This application do s Provider Member Appli o Dues.	es not pertain i	f your Agency partic te all programs/serv	
Company				
Address (this site)				
City	State	e	Zip	County
Phone			Fax	
Web- site		Company	Email	
Contact Person		Email		
	Company	y Demograp	hics:	
Operational Structure: (check all that apply) ☐ Freestanding ☐ Freestanding/Franchise		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.		
☐ Not-For-Profit ☐ Propriet	ary	—		
Ownership Control: (check one)		\neg $$		
1 ' '	Proprietary Partnership Private, Non-Profit			

Sites: ☐ One ☐ Multiple Sites Programs: ☐ One - Private Duty/Private Pay 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 \$1 - \$3 \$3 - \$5 \$5 + Million Million Million Million One Site One Program \$450 \$700 \$950 \$1200 Multiple Sites One Program \$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: ______ _____ □ Visa □ MC □ Discover □ Am. Express CC#:____ _____ City, State, Zip_____ Billing Address: 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

2021—2022 MAHC Private Duty/Private Pay Member Dues