Provider Member Application

Membership Period: July 1, 2022 to June 30, 2023

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.

Membership is based on the combination of Sites ① and Programs ②.

Enter the information below EXACTLY as the company should be listed with MAHC. This is what consumers will see on the “Find a Provider” Section of the website: www.homecaremissouri.org

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 Programs Provided: (A program is a type of Home Care Service provided by your company) More than one program marked is considered Multiple Programs. NOTE: All services provided/offered MUST be included in your membership. Agencies cannot elect to pay for only one service if multiple are provided/offered. Policy non-compliance will result in follow-up communication.

- Home Health
- Hospice
- In-Home Services/DSDS
- Consumer-Directed Services/DSDS
- Private Duty/Private Pay
- Private Duty Nursing/Medicaid
- Home Med. Equipment
- Infusion Therapy
- Adult Day Services
- Staffing
- Other

Company Information:

Company

Address (this site)

City  State  Zip  County

Phone  Fax

Website  Company Email

Contact Person  Email

Medicare Provider Number (Home Health Only)

Company Demographics:

Operational Structure: (check all that apply)

- Freestanding
- Freestanding/Franchise
- Government Based
- Hospital Based
- Nursing Facility Based
- Hospital Affiliated
- Not-For-Profit
- Proprietary
- Tax Exempt (Please attach letter of tax exemption)

Ownership Control: (check one)

- Voluntary Non-Profit—Church
- Voluntary Non-Profit Other
- Proprietary Sole Proprietor
- Proprietary Partnership
- Proprietary Corporation
- Private, Non-Profit
- Governmental, City/County
- Other

Affiliations/Accreditations: (check all that apply)

- Accredited Organization
- MHPCA Member
- NAHC Member
- HCAOA
- MALA
- MCHS Member
- MoADSA Member
- VNAA Member
- Leading Age
- MHC

 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.

________________        ______________         ______________
________________        ______________         ______________
________________        ______________         ______________
________________        ______________         ______________

Missouri Alliance for Home Care, 2420 Hyde Park, Suite A, Jefferson City, MO 65109 (573) 634-7772  

Turn Over
2022—2023 MAHC Provider Member Dues

① **Sites:**  
☐ One  ☐ Multiple Sites

② **Programs:**  
☐ One  ☐ Multiple Programs

**NOTE:** All services provided/offered MUST be included in your membership. Agencies cannot elect to pay for only one service if multiple are provided/offered. Policy non-compliance will result in follow-up communication.

③ **Calculation of Dues:** Determine the Net Operating Revenue for the ALL programs and 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 Programs and Sites listed is:** $________________________

<table>
<thead>
<tr>
<th>Provider Category</th>
<th>Net Operating Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>① Site</td>
<td>② Program</td>
</tr>
<tr>
<td>One Site</td>
<td>One Program</td>
</tr>
<tr>
<td>Multiple Sites</td>
<td>One Program</td>
</tr>
<tr>
<td>One Site</td>
<td>Multiple Programs</td>
</tr>
<tr>
<td>Multiple Sites</td>
<td>Multiple Programs</td>
</tr>
</tbody>
</table>

**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 90% 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 and tax exempt status letter to:**

**Missouri Alliance for HOME CARE**

2420 Hyde Park, Suite A

Jefferson City, MO  65109-4731

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