

# 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-site** \_\_\_\_\_ **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.

_____	_____
_____	_____
_____	_____
_____	_____



# 2022—2023 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
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: \_\_\_\_\_

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