



VIRGINIA ASSOCIATION FOR HOME CARE AND HOSPICE

Advocacy. Education. Guidance.

2017 Provider Member Registration Form Complete this application and return with payment to:

Virginia Association for Home Care and Hospice
3761 Westerre Pkwy., Suite B
Henrico, VA 23233

Phone: 804-285-8636
Email: VAHC@VAHC.ORG
Fax: 804-288-3303

Primary Location:

Agency Name: _____

Mailing Address: _____

City, State, Zip _____

Representative: _____

Title: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Circle All Provider Categories That Apply:

Medicare Certified Home Health
Licensed Home Health
Medicaid Home Health
Medicaid Personal Care
Private Duty

Licensed Hospice
Medicare Hospice
Medicaid Hospice
Palliative Care
Durable Medical Equipment

Please complete for ALL additional locations (use additional sheet if needed):

<u>ADDITIONAL LOCATIONS</u>	
Agency:	_____
Representative:	_____
Address:	_____
City, State, Zip:	_____
Phone:	FAX: _____
Email:	_____
Agency:	_____
Representative:	_____
Address:	_____
City, State, Zip:	_____
Phone:	FAX: _____
Email:	_____

Per IRS section 6033(e): 19.9% of your membership dues are not deductible as business expenses because they relate to VAHC's lobbying expenses.

**VIRGINIA ASSOCIATION FOR HOME CARE & HOSPICE
PROVIDER MEMBER DUES FORM
January 1, 2017 - December 31, 2017**

Calculate your agency's total gross revenue applicable to Virginia for 2016.
That revenue is the grand total of all your entities (locations and service lines) in Virginia.
Entities include branches, hospice, DME, infusion, personal care, home health, private duty, etc.

2017 VAHC Millage Dues
Gross Revenues Under \$1,999,000 X .0023
Minimum Annual Dues \$550
Gross Revenues Over \$2,000,000 X .0015
Maximum Annual Dues \$10,000

PLEASE VERIFY YOUR 2016 GROSS REVENUES BY ONE OF THE METHODS LISTED BELOW.

Circle One

- a. An audited financial statement or fiscal year-end profit and loss statement. Calculate your dues based on projected revenues for the rest of the year. Forward the financial or profit/loss statement to the VAHC office by March 31, 2017.
- b. A letter from your accountant, CFO, Finance Director, Agency Administrator or Branch Manager certifying your projected gross revenues based on current year-to-date.

I, (name) _____, **certify that the attached statement is a true declaration of** (organization name) _____ **gross revenues in Virginia.**

Signature: _____ **Date:** _____

Title: _____

Use chart above to calculate amount due based on your 2016 Gross Annual Revenue			
Please make change on enclosed estimated invoice.			
Return this form with adjusted invoice and payment.			
	Select one:		Amount of Dues
	0.0023		
Gross Annual Revenue: \$ _____	X	0.0015	= \$ _____
			minimum of \$550.00 not to exceed \$10,000.00
2017 Annual Dues: \$ _____		Amount Enclosed	\$ _____
Payment Schedule (circle one)	Annual (Due Jan. 1)		Semi-Annual (Due Jan. 1 and Jul. 1)
Please make check payable to VAHC			