



# VIRGINIA ASSOCIATION FOR HOME CARE AND HOSPICE

Advocacy. Education. Guidance.

## 2019 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 additonal sheet if needed):

**ADDITIONAL LOCATIONS**

Agency: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

*Per IRS section 6033(e): 17% of your membership dues are not deductible as business expenses because they relate to VAHC's lobbying expenses.*

# PROVIDER MEMBER DUES FORM

## January 1, 2019 - December 31, 2019

Calculate your agency's total gross revenue applicable to Virginia for 2018.  
 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.

<b>2019 VAHC Millage Dues</b>	
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 2018 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, 2019.
- 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:** \_\_\_\_\_

<p><b>Use chart above to calculate amount due based on your 2018 Gross Annual Revenue</b>  <b>Please make change on enclosed estimated invoice.</b>  <b>Return this form with adjusted invoice and payment.</b></p>			
	<b>Select one:</b>		<b>Amount of Dues</b>
	0.0023		
<b>Gross Annual Revenue:</b> \$ _____	<b>X</b>	0.0015	= \$ _____
			minimum of \$550.00 not to exceed \$10,000.00
<b>2019 Annual Dues:</b> \$ _____		<b>Amount Enclosed</b>	\$ _____
<b>Payment Schedule</b> (circle one)	<b>Annual (Due Jan. 1)</b>		<b>Semi-Annual (Due Jan. 1 and Jul. 1)</b>
<b>Please make check payable to VAHC</b>			



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