



**2020 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):

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

*Per IRS section 6033(e): 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, 2020 - December 31, 2020**

Calculate your agency's total gross revenue applicable to Virginia for 2019.  
 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>2020 VAHC Millage Dues</b>
Gross Revenues Under \$1,999,000 X .0023
Minimum Annual Dues \$550 (less than \$240,000 Gross Revenues)
Gross Revenues Over \$2,000,000 X .0015
Maximum Annual Dues \$10,000

**PLEASE VERIFY YOUR 2019 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, 2020.
- 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 2019 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		
Gross Annual Revenue: \$ _____	<b>X</b>	0.0015	= \$ _____
			minimum of \$550.00 not to exceed \$10,000.00
2020 Annual Dues: \$ _____		<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>			