2008 Provider Member Dues Application

Agency Name (Home Care Parent)

Address | City/State/Zip

Main Phone | Fax | Website

CEO/Authorized Representative | Direct Phone | Email

Annual Dues

HCA Provider dues are for a calendar year, based on the agency's **total home care patient revenue** reported from your most recently completed fiscal year. If an agency has affiliated entities, the agency must add the revenue of **all** affiliates to the agency's revenues to determine the total home care patient revenue. Mandatory disclosure of your total home care patient revenues for each entity is required for renewal.

	Patient Revenue	Agency Name	NYS Operating Certificate #
CHHA	$ ________	________	________
LTHHCP	$ ________	________	________
LHCSA	$ ________	________	________
Home Attendant	$ ________	________	________
MLTC/PACE	$ ________	________	________
Hospice	$ ________	________	________
Other Affiliates	$ ________	________	________
	$ ________	________	________

Total Revenues: $ ________

Total Patient Revenue Scale	Dues Amount
☐ $150,000,001 or greater	$40,400
☐ $50,000,001 to $150,000,000	$25,232
☐ $30,000,001 to $50,000,000	$16,510
☐ $21,000,001 to $30,000,000	$14,625
☐ $11,000,001 to $21,000,000	$12,840
☐ $6,000,001 to $11,000,000	$11,446

☐ Below $6,000,000 – Use this formula

.00174 x $________ = $________
Total Patient Revenue **Total Dues Amount**

If the "Total Dues Amount" is less than $2,500, your agency's dues are $2,500 ($1,050 for County Agencies).

Total 2008 Dues $________

I certify that the above revenue information is true and correct:

Authorized Signature | Title (CEO, Administrator or CFO) | Date

Method of Payment

☐ Charge the full amount to credit card ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number | Expiration Date | Printed Name | Authorized Signature

☐ Check will follow for the full amount payable to Home Care Association of NYS

☐ Pay dues on a quarterly basis. Please note **you will only receive ONE invoice with a quarterly payment schedule**. It is the responsibility of the agency to make timely payments.

Please fax your application to the renewal fax line at 518.810.0657 or mail to the address below.

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