



South Carolina
Home Care & Hospice
Association

2011 / 2012 SCHCA Provider Membership Application

Step 1

Agency Name: _____

Parent Entity /Legal Owner (if applicable): _____

Administrator: _____

E-Mail Address: _____ Web Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Additional E-Mail Addresses for the Above Office ONLY: (See page 4 to include E-mail addresses for other office locations). SCHCA communicates with members primarily through e-mail. You will receive all newsletters, alerts, educational offerings, and other items of interest through E-Mail.

- 1. Name: _____ E-Mail Address: _____
- 2. Name: _____ E-Mail Address: _____
- 3. Name: _____ E-Mail Address: _____
- 4. Name: _____ E-Mail Address: _____
- 5. Name: _____ E-Mail Address: _____

Ownership: Public Private Non-Profit Private For-Profit Hospital-Based/Public
 Hospital-Based/ Private Non-Profit Hospital-Based/ Private For-Profit

Do you provide Medicare Certified Home Health Services? YES NO

Do you provide Hospice Services? YES NO

Do you provide Private Duty Home Care? YES NO

Is Your Agency Accredited? YES NO

If yes, whom are you accredited by? _____

How many additional sites are operated under your parent entity in SC? _____

**** If you operate more than one site in SC,
please complete the attached "Additional Office Membership" Form ****

STEP 2

Membership Dues Calculation

Dues are based upon a parent entities net revenue for the most recent fiscal year from all offices in South Carolina. For the purpose of dues calculation, net revenue **includes revenue from Certified Medicare / Medicaid Home Health services such as intermittent home care visits (nursing, aide, PT, OT, SLP, MSW, nutrition, and supplies); Hospice services and Private Duty Home Care**. Revenue is regardless of payor source and includes Medicare, Medicaid, insurance and private pay. (When calculating Net Revenue, you may exclude the following items: contractual adjustments; bad debts; investment income; charitable donations, funds raised through special events and philanthropic dollars)

Net Revenue received from Medicare / Medicaid Certified Home Health: \$ _____

Net Revenue received from Hospice Services: \$ _____

Net Revenue received from Private Duty Home Care: \$ _____

Total Net Revenue for Dues Calculation: \$ _____
 See Chart Below

Net Revenue	Annual Dues
\$ 1 - \$ 500,000	\$ 1,540
\$ 500,001 - \$ 1,500,000	\$ 2,200
\$ 1,500,001 – \$ 2,500,000	\$ 2,970
\$ 2,500,001 – \$ 3,500,000	\$ 4,070
\$ 3,500,001 – \$ 8,500,000	\$ 5,500
\$ 8,500,001 - \$13,500,000	\$ 6,600
\$13,500,001 - \$18,500,000	\$ 7,700
\$18,500,001 +	\$ 9,790

For The Person Authorized To Verify Net Revenue:

Name: _____ Title: _____
 (please print)

Signature: _____ Telephone: () _____
 (include area code)

STEP 3

Payment

All membership dues must be paid in full. Dues may be paid by check or credit card. Make checks payable to: South Carolina Home Care & Hospice Association.

I have enclosed a check in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

Visa MasterCard

Account No.: _____ Expiration Date: _____ Sec. Code: _____

Address of Cardholder: _____

City: _____ State: _____ Zip: _____

Name: _____ Signature: _____

(as it appears on credit card)

IMPORTANT NOTICE: All reported membership information is confidential. Dues payments to the SC Home Care & Hospice Association are not deductible as a charitable contribution for federal income tax purposes. However, dues payments may be deductible as ordinary and necessary business expense, subject to an exclusion for lobbying activity. Because a portion of your dues is used for lobbying by the SCHCA, 30% of your dues are not deductible for income tax purposes.

If you have any questions about dues payments, please call the SCHCA office at 919-848-3450 or e-mail Judy Penn, Director of Business & Member Relations, judypenn@homeandhospicecare.org. Please complete this renewal form and return with dues payment to the SCHCA, c/o AHHC, 3101 Industrial Drive, Suite 204, Raleigh, NC, 27609.

VENDOR INFORMATION (Optional)

SCHCA is trying to grow our Affiliate Membership category by recruiting vendors of products and services that work with our members in South Carolina. Would you be willing to share the contact info from some of your vendors? If so, please complete the info below. Many thanks for your help!

Company Name: _____

Contact Name: _____

Phone: _____

Email Address: _____

Company Name: _____

Contact Name: _____

Phone: _____

Email Address: _____

Company Name: _____

Contact Name: _____

Phone: _____

Email Address: _____

ADDITIONAL OFFICE MEMBERSHIP

(Make copies of this form to list additional offices, if necessary)

Please Complete This Form If You Have More Than One Office Located in South Carolina. This Will Ensure That Each Office Receives All Member Benefits.

Agency Name: _____

Administrator: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Additional Staff E-Mails for this location:

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

Agency Name: _____

Administrator: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Additional Staff E-Mails for this location:

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

Agency Name: _____

Administrator: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Additional Staff E-Mails for this location:

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

3101 Industrial Dr.
Suite 204
Raleigh ♦ NC ♦ 27609

♦ Phone
919-848-3450
♦ Fax
919-848-2355
♦ E-Mail
info@homeandhospicecare.org
♦ Website
www.schomehealth.org