

Provider Membership Application



The Arizona Association for Home Care (AAHC) is a 501(c)6 non-profit trade organization and is an allied member of the National Association for Home Care (NAHC).

Eligibility: A Provider Member is defined as an agency that provides home health services as defined by Arizona State Law and Medicare and, thus is required to be licensed by the Arizona Department of Health Services (ADHS).

Dues Calculation: Annual Dues are based on the number of Employees per Hours Worked. Employees per Hours Worked apply to all employees paid by the agency including employees which make visits (contract, regular or temporary employees and part-time employees), office support staff (secretaries, billers, receptionists), administrators, supervisory personnel and consultants. To compute your Employees per Hours Worked (which is also known as a Full Time Equivalent or FTE), take the sum of all hours for which employees are paid and divide it by 2,080, then round to the nearest whole number. To compute the sum of hours for contract staff paid per visit, multiply the number of visits by 1.5 and round to the nearest whole number. To figure your total Employees per Hours Worked, add the above two figures.

Provider Membership Categories:

- Provider 1-25 (2,080-52,000 hours)
- Provider 26-50 (52,001-104,000 hours)
- Provider 51-100 (104,001-208,000 hours)
- Provider 101-200 (208,001-416,000 hours)
- Provider 201 + (416,001+ hours)

Web Link: A basic membership as indicated above includes a static listing on the web membership directory. Members may purchase additional placement on our "Find an Agency" web page. Note: Web Links are listed alphabetically by agency name.

Important Information:

AAHC member dues* may be tax deductible as a business expense, please consult your tax advisor. Dues, payments or contributions to AAHC are not tax deductible as charitable contributions. AAHC estimates that the non-deductible portion of dues allocated to lobbying activities is 29%.

Agency Name _____

Key Contact Name _____

Credentials _____

Mailing Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Web site _____

E-mail _____

We primarily send information by email, please add info@azhomecare.org to your email "safe" list.

Who introduced you to AAHC? _____

Who would you like to introduce to AAHC?

Name _____ Phone _____

Dues per Year (check one):

- 1 Provider 1-25..... \$825
- 1 Provider 26-50..... \$975
- 1 Provider 51-100 \$1,475
- 1 Provider 101-200..... \$1,975
- 1 Provider 201+ \$2,475

1 Discounted Dues for First Year Providers.... \$400
This will be verified with ADHS by AAHC.

1 Web Link (1-Year) \$100
Email your JPG format logo to info@azhomecare.org.

Total Enclosed: \$ _____

Payment:

Please make check payable to AAHC—mail application and payment to address below.

ARIZONA ASSOCIATION FOR HOME CARE

1843 E. Southern Avenue, Tempe, Arizona 85282

(480) 491-0540 Fax: (480) 603-4141

E-mail: info@azhomecare.org

Tax ID: 86-0478134