



2020 HOSPICE AGENCY PROVIDER MEMBER APPLICATION

(Please print and complete all information)

Agency/Company/Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____ Email Address: _____

Representative: _____ Title: _____

Membership dues to the Nebraska Home Care Association are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses, subject to federal tax restrictions, related to association lobbying activities, which are not tax deductible. For 2020, the portion of your dues which is allocable directly to lobbying, and therefore non-deductible, is 9.5%. Dues for the first year of membership are \$400.

Note: in year two (and future years), your agency provider membership dues will be assessed at 2.5/10 of 2% (.025) of patient gross revenues to include a minimum of \$400.00 and a maximum of \$2,500.00. There is an additional fee if your agency's average daily census is more than 100, plus an additional fee if your agency has multiple branch offices or subunits. Patient revenues include monies received from any source including service-supporting grants which are used to provide patient care in the area of Hospice, R.N., L.P.N., H.H.A., P.T., O.T., S.T., M.S.W., R.T., I.V. Therapy, Photo Therapy, Supplies, DME, Nutrition, Homemaker, Private Duty, Companions, Live-ins, and Meals-on-Wheels.

CALCULATE YOUR DUES

First-Year Member: \$400

Total Dues: \$400

Payment Method:

- Check Payable to Nebraska Home Care Association
- Credit Card – Call the Nebraska Home Care Association office to provide credit card information at 402-423-0718

A \$3 processing fee is assessed on all credit card transactions.

Optional PAC Contribution:

Contributions to the Nebraska Home Care Association Political Action Committee (PAC) allow the association to support state senator candidates who demonstrate support for home care clients and the industry.

- Enclosed is a check payable to the Nebraska Home Care Association PAC from the Agency Provider Member listed above for \$_____.**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.