PROVIDER MEMBERSHIP **FORM**

home care association of washington

Agency: _____

Address: _____

City: _____ Zip: _____ State: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Counties Served: _____

Number of Direct Employees, FTE's: _____ Actual No. of Employees: _____ No. of Contract Staff: _____

Agency Type: ☐ For Profit ☐ Non-Profit

Other Memberships: ☐ AFHHA ☐ ACHC ☐ NAHC ☐ NHPCO ☐ NPDA ☐ WAPDA

INSTRUCTIONS FOR COMPLETING THE DUES PORTION OF YOUR MEMBERSHIP APPLICATION:

1. Membership dues are based on revenue for the most recent completed fiscal year.
2. Pay before January 15, 2018 and you can take 5% discount off of your total dues amount.

Revenue:	Dues:	Revenue:	Dues:	Revenue:	Dues:	Revenue:	Dues:
Under 300,000	$605	2,000,000– 2,500,000	$2,805	7,000,000 – 7,500,000	$ 7,290	14,000,001 – 15,000,000	$ 9,330
300,001 – 400,000	$750	2,500,001 – 2,999,999	$3,290	7,500,001 – 7,999,999	$ 7,800	15,000,001 – 16,000,000	$ 9,385
400,001 – 500,000	$890	3,000,000 – 3,500,000	$3,760	8,000,000 – 8,500,000	$ 8,135	16,000,001 – 17,000,000	$ 9,445
500,001 – 600,000	$1,020	3,500,001 – 3,999,999	$4,240	8,500,001 – 8,999,999	$ 8,545	17,000,001 – 18,000,000	$ 9,510
600,001 – 700,000	$1,135	4,000,000 – 4,500,000	$4,725	9,000,000 – 9,500,000	$ 8,730	18,000,001 – 19,000,000	$ 9,570
700,001 – 800,000	$1,370	4,500,001 – 4,999,999	$5,200	9,500,001 – 9,999,999	$ 8,900	19,000,001 – 20,000,000	$ 9,625
800,001 – 900,000	$1,610	5,000,000 – 5,500,000	$5,620	10,000,000 – 11,000,000	$ 9,090	20,000,001 - and up	$ 9,850
900,001 – 999,999	$1,845	5,500,001 – 5,999,999	$6,040	11,000,001 – 12,000,000	$ 9,150		
1,000,000 – 1,500,000	$2,090	6,000,000 – 6,500,000	$6,460	12,000,001 – 13,000,000	$ 9,205		
1,500,001 – 1,999,999	$2,325	6,500,001 – 6,999,999	$6,880	13,000,001 – 14,000,000	$ 9,260		

3. Using the dues scale, 2018 dues _____

4. Apply 5% discount if before January 15, 2018, total: _____

5. Do you need an invoice emailed to you? _____

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PAYMENT METHOD:

Payment Amount: _____ ☐ Visa ☐ MasterCard ☐ Check Payable to HCAW

CARDHOLDER'S NAME:

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder's Signature: _____

AFFILIATIONS:

☐ Franchise ☐ HMO ☐ Hospital ☐ Nursing Home ☐ Official ☐ Private ☐ Public ☐ Voluntary

LICENSE TYPE:

☐ Adult Day Health ☐ Home Health ☐ Pharmacy ☐ Home Care ☐ Hospice

CERTIFICATIONS:

☐ CHAP Accreditation ☐ JCAHO Accreditation ☐ Medicare Home Health Certification

☐ Medicare Hospice Certification ☐ Medicare Part "B" Provider ☐ NCQA

SERVICES PROVIDED:

☐ Adaptive Equipment ☐ Adult Day Health ☐ Alzheimer's/Dementia Care

☐ Appointment Escorts ☐ Care Management ☐ Chores & Cleaning

☐ Companions ☐ Durable Medical Equipment ☐ Home Modification

☐ Home Phototherapy ☐ Homemaking ☐ Hospice

☐ Incontinence Solutions ☐ Intravenous Therapy ☐ Live-In Aides

☐ Maternal & Child Health ☐ Medical Social Work ☐ Medication Management

☐ Mental/Behavioral Health ☐ Nursing ☐ Nutritionist

☐ Occupational Therapy ☐ Ostomy Care ☐ pain/Palliative Care

☐ Pediatric Nursing ☐ Personal Care/Home Health Aides ☐ Personal Emergency Response Systems

☐ Physical Therapy ☐ Private Duty Nursing ☐ Psychiatric Nursing

☐ Respiratory Therapy ☐ Speech & Language Therapy ☐ Staffing

☐ Telehealth Monitoring ☐ Transportation ☐ Would Care

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TYPES OF PAYMENT ACCEPTED:

- ☐ Amerigroup
- ☐ Community Health Plan of Washington
- ☐ Coordinated Care Corp
- ☐ Income-Based Sliding Scale Fee
- ☐ Long Term Care Insurance
- ☐ Medicare
- ☐ Medicare Advantage
- ☐ Medicaid
- ☐ Molina Healthcare of Washington
- ☐ Private Pay
- ☐ State Assist
- ☐ United Healthcare Community Plan
- ☐ Veterans Administration
- ☐ Worker's Compensation
- ☐ Other: _____

PROVIDER STAFF:

Please add any additional staff to have access to the HCAW website:

Employee Name:	Employee Email:

(Dues paid to the Home Care Association of Washington 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 restrictions imposed as a result of association lobbying activities. HCAW estimates that the nondeductible portion of your 2018 dues – the portion which is allocable to lobbying – is 15%. HCAW's tax ID# is 91-1102450.)

Return completed membership application to HCAW:

2311 N 45th St, #337 | Seattle, WA 98103

P: 425-775-8120 | F: 206-693-4367