

OHCA Home Care & Hospice Membership Application

Name of Organization: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Name of President/Chief Executive: _____ Email: _____

If you have other locations *(additional location information can be provided on separate sheet)*:

Name of Location: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person: _____ Email: _____

Other affiliated health care services/facilities: _____

This includes nursing facilities, assisted living, ID/DD services, etc. *(additional information can be provided on separate sheet)*.

Services Provided:

Medicare Home Health Medicaid State Plan
 Medicare Hospice Medicaid Waiver
 Aging

Ownership type *(choose one)*:

Proprietary
 Philanthropic
 Government

Annual Dues

Dues to belong to the Ohio Health Care Association (OHCA) for Home Care & Hospice providers are calculated on a calendar year basis. Membership dues will be billed based on the most appropriate schedule corresponding to time of application (annually, quarterly or monthly) unless otherwise requested.

Please indicate estimated 2019 Gross Revenue for all Home Care & Hospice services provided by the organization:

<input type="checkbox"/> Above \$150M	\$5,500	<input type="checkbox"/> \$100M - <\$150M	\$5,000
<input type="checkbox"/> \$50M - <\$100M	\$4,500	<input type="checkbox"/> \$10M - <\$50M	\$4,000
<input type="checkbox"/> <\$5 - <\$10M	\$3,000	<input type="checkbox"/> \$2.5M - <\$5M	\$2,000
<input type="checkbox"/> \$1M - <\$2.5M	\$1,000	<input type="checkbox"/> Below \$1M	\$ 500
<input type="checkbox"/> Independent Providers	\$ 100		

Please note that the OHCA Board has approved a plan to increase dues 10% per year in each of the next 5 years beginning with 2020.

Terms of Membership

All services/facilities under common ownership or operational control as defined in the OHCA Code of Regulations must make application for membership in the Association. Membership will continue until such membership is terminated in writing by either facility or OHCA. The organization agrees to abide by the Code of Regulations, Bylaws and the relevant Standards and Policies of the Association and may be terminated at any time, and through due process, for failing to meet said standards. By signing this application, applicant agrees to the terms and conditions set forth within.

Signature

Title