



HomeCare Association of Arkansas
411 South Victory, Suite 204
Little Rock, AR 72201
Phone: 501-376-2273

Invoice
June 1, 2014

Tax ID # 71-0571047

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Company _____

Contact Name _____

Physical Address _____

Mailing Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Website _____

Annual Organizational Member Dues – July 1, 2014 to June 30, 2015

Dues Schedule

Type I - Home Health/Private Duty Providers – Dues are based on a multiplier of .000472 times the member's gross revenue. Gross revenue is defined as revenue from all sources from all licensed agencies including home health, durable medical equipment, home infusion therapy, hospice and net of contractual allowances. (A work sheet is attached) Minimum dues are \$600. Maximum dues are \$4,500. (Optional – An additional \$100 annually per agency can be included for multiple location organizations to cover additional website listings.)

Type II – Medical Equipment, supplies, infusion therapy or pharmaceuticals in the home – Dues are \$600. (Optional – An additional \$100 annually per agency can be included for multiple location organizations to cover additional website listings)

Type III – Hospice – Dues are based on a multiplier of .000472 times the member's gross revenue. Minimum dues are \$600. Maximum dues are \$4500. Optional – an additional \$100 annually per agency for multiple locations to be listed on website.

Type IV – Personal Care – Dues are \$600. (Optional – An additional \$100 annually per agency can be included for multiple location organizations to cover additional website listings)

Type V - Personal Assistance Services – Dues are based on a multiplier of .000472 times the member's gross revenue. Minimum dues are \$600. Maximum dues are \$4500. Optional - an additional \$100 annually per agency for multiple locations on website.

Total Amount of Dues Paid \$ _____

Please renew your dues by July 1, 2014
Please call HCAA at 501-376-2273 if you have any questions.
All financial information will remain confidential.