



HomeCare
Association
of Arkansas

HomeCare Association of Arkansas
411 South Victory, Suite 204
Little Rock, AR 72201
Tax ID # 71-0571047
Phone: 501-376-2273

Invoice
June 1, 2013

Please return this page with payment

Company_____

Contact Name_____

Physical Address_____

Mailing Address_____

City/State/Zip_____

Phone_____ Fax_____

E-mail_____

Website_____

Annual Organizational Member Dues – July 1, 2013 to June 30, 2014

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 \$4,000. (Optional – An additional \$100 annually per agency can be included for multiple agency 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 agency organizations to cover additional website listings)

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

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

Total Amount of Dues Paid \$_____

Please renew your dues by July 1, 2013
Please call HCAA at 501-376-2273 if you have any questions.

| *All financial information will remain confidential.* |