



# Membership Application

Annual dues for all provider/voting members are based on gross revenue for the 2020 fiscal year generated in Ohio from all locations and all patient revenue payers. **A provider/voting member is a business or corporation/entity doing business in Ohio under common ownership, control, or board direction, including all locations, sub-units, and programs providing in-home patient services, hospice, and palliative care.**

## Step 1

Determine Total Gross Revenues & Dues

Total Gross Revenue	Dues
<input type="checkbox"/> Up to \$874,999	\$1,030
<input type="checkbox"/> \$875,000 to \$1,874,999	\$2,060
<input type="checkbox"/> \$1,875,000 to \$2,624,999	\$3,090
<input type="checkbox"/> \$2,625,000 to \$3,624,999	\$4,120
<input type="checkbox"/> \$3,625,000 to \$4,124,999	\$5,150
<input type="checkbox"/> \$4,125,000 to \$14,999,999	\$7,210
<input type="checkbox"/> \$15,000,000 to \$49,999,999	\$8,240
<input type="checkbox"/> \$50,000,000 to \$99,999,999	\$9,270
<input type="checkbox"/> \$100,000,000 to \$149,999,999	\$10,300
<input type="checkbox"/> \$150,000,000+	\$11,330

## Step 2

**Read and sign below. (Signature Required)**

1. Provider membership in OCHCH is available to providers of home care, hospice, and palliative care in the state of Ohio.
2. Dues are non-refundable and nontransferable.
3. Payment is due by organizational calendar date
4. I agree to abide by the OCHCH Code of Ethics and the bylaws.
5. My signature verifies that the financial information provided is accurate

I consent to receive communications via mail, email, telephone, and/or fax.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Step 3

Select Payment Method

- Check** (Make checks payable to OCHCH.)
- Credit Card:**  Visa  Mastercard  Discover  Amex

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Agency: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submit by Mail:** Ohio Council for Home Care & Hospice, 1105 Schrock Rd., Suite 120, Columbus, OH 43229

**Submit by Fax:** (614) 899-0192

**Questions?** Contact OCHCH at (614) 885-0434 | [www.ochch.org](http://www.ochch.org)



# Membership Application Worksheet

Completed Worksheet is Required for Processing Application

*All entities doing business in Ohio under common ownership, control, or board direction, including all additional locations, sub-units, and programs, providing in-home patient services, hospice, and palliative care must be listed separately in the boxes provided below. If you have more than three locations, please make additional copies of this form.*

*Gross revenue is total actual revenue that has been billed before any deductions have been made for the 2020 fiscal year.*

## Voting Member Location

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Toll Phone: \_\_\_\_\_

Agency Fax: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Voting Member/Primary Contact: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Federal ID: \_\_\_\_\_

Year Agency Started: \_\_\_\_\_

**Gross Revenue:** \_\_\_\_\_

**Referral Guide Listing** (no charge for voting member.)

Voting Member Email: \_\_\_\_\_

Title: \_\_\_\_\_

Medicare Provider #: \_\_\_\_\_

Hospice License #: \_\_\_\_\_

Agency Structure:  For Profit  Non-profit

## Additional Location 1

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Toll Phone: \_\_\_\_\_

Agency Fax: \_\_\_\_\_

Key Contact: \_\_\_\_\_

Key Contact Email: \_\_\_\_\_

Federal ID: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Key Contact Title: \_\_\_\_\_

Medicare Provider #: \_\_\_\_\_

Hospice License #: \_\_\_\_\_

## Additional Location 2

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Toll Phone: \_\_\_\_\_

Agency Fax: \_\_\_\_\_

Key Contact: \_\_\_\_\_

Key Contact Email: \_\_\_\_\_

Federal ID: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Key Contact Title: \_\_\_\_\_

Medicare Provider #: \_\_\_\_\_

Hospice License #: \_\_\_\_\_