



2021 PROVIDER MEMBERSHIP DUES LEVEL

Licenses Included in this Membership:

- Health Care Service Firm
- Home Health Agency
- Hospice

ANNUAL DUES: *The Association will not disclose this information for any purpose, to any party outside the Association, other than the Association's attorneys, accountants, auditors or other advisors.*

Step 1: DETERMINE YOUR REVENUE

Please list your Patient Service **gross** Revenue beside each license type. Patient Service Revenue is the total charges, less contractual allowances, if any, for **all** patient revenue for **all** licensed offices included on this application based on the prior year. For first time members, inclusion of the agencies audited, consolidated financial statement may be requested.

- Health Care Service Revenue \$ _____
- Home Health Agency Revenue \$ _____
- Hospice Revenue \$ _____

TOTAL PATIENT SERVICE REVENUE = \$ _____

TOTAL ANNUAL DUES AMOUNT = \$ _____

Step 2: DUES CALCULATION

Check beside the dues level based on your total patient service revenue from step 1 & write below.

<u>Total Patient Revenue Scale</u>	<u>Dues Amount</u>
<input type="checkbox"/> Less than \$250,000	\$1,500.00
<input type="checkbox"/> \$250,001 to \$500,000	\$2,000.00
<input type="checkbox"/> \$500,001 to \$1 Million	\$2,500.00
<input type="checkbox"/> \$1,000,001 to \$1.5 Million	\$3,500.00
<input type="checkbox"/> \$1,500,001 to \$2 Million	\$5,000.00
<input type="checkbox"/> \$2,000,001 to \$3 Million	\$7,500.00
<input type="checkbox"/> \$3,000,001 to \$5 Million	\$10,500.00
<input type="checkbox"/> \$5,000,001 to \$7.5 Million	\$12,000.00
<input type="checkbox"/> \$7,500,001 to \$10 Million	\$13,000.00
<input type="checkbox"/> \$10,000,001 to \$15 Million	\$14,500.00
<input type="checkbox"/> \$15,000,001 to \$20 Million	\$15,500.00
<input type="checkbox"/> \$20,000,001 to \$25 Million	\$16,500.00
<input type="checkbox"/> \$25,000,001 to \$30 Million	\$17,500.00
<input type="checkbox"/> \$30,000,001 to \$35 Million	\$18,500.00
<input type="checkbox"/> \$35,000,001 to \$40 Million	\$19,500.00
<input type="checkbox"/> \$40,000,001 to \$60 Million	\$21,000.00
<input type="checkbox"/> \$60,000,001 to \$80 Million	\$27,000.00
<input type="checkbox"/> \$80,000,001 to \$100 Million	\$30,000.00
<input type="checkbox"/> \$100,000,001 to \$125 Million	\$33,000.00
<input type="checkbox"/> \$125,000,001 to \$150 Million	\$36,000.00
<input type="checkbox"/> \$150,000,001 to \$175 Million	\$39,000.00
<input type="checkbox"/> \$175,000,001 to \$200 Million	\$42,000.00
<input type="checkbox"/> \$200,000,001 to \$300 Million	\$45,000.00
<input type="checkbox"/> Over \$300 Million	\$50,000.00

NEW MEMBERS - ONLINE JOIN ONLY:

If you would like to join the Home Care & Hospice Association as a Provider or Industry Partner member, please click the red **JOIN/RENEW** button on the Home Page of our website at www.homecarenj.org.