



FLORIDA ALLIANCE OF HOME CARE SERVICES
REGULAR MEMBERSHIP APPLICATION - 2017

COMPANY INFORMATION

Company Name: \_\_\_\_\_ dba: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Yr Established: \_\_\_\_\_ # of Employees \_\_\_\_\_

Office # \_\_\_\_\_ Fax# \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Name of Billing Software: \_\_\_\_\_

List your top issues in HME: [ ] Medicaid [ ] Medicare [ ] Inspections [ ] audits [ ] other \_\_\_\_\_

HME provided by your company (Circle All): APMs • BiPAP • CPAP • Wheelchair • Complex Rehab • Enteral • Hospital Beds

- Oxygen • Liquid Oxygen • Nebulizer Medications • Power Wheelchairs • Trach Patients • Ventilators • Incontinence

NOTE: The above is privileged information. It will not be released or used for solicitation. Up to 50% can be used for lobbying purposes.

PAYMENT INFORMATION

MEMBERSHIP FEE - \$400 Per Company / Per Year

I am also a member of: [ ] AAHomecare [ ] VGM [ ] MEDGroup

Amount to Charge: \$ \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card [ ] M/C [ ] VISA [ ] AMEX - Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ V-Code (3 digit - 4 digit for AMEX) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Please fax the application with your Credit Card information to secure fax number below or send a check

FAHCS - 800 Ocala Rd., Suite 300-220, Tallahassee, FL 32304

www.FAHCS.us - info@FAHCS.us

Phone 919-387-1221 - Fax: 919-249-1394