



Providers must be members of HCP at the State level in order to be eligible for Chapter participation.

Organization type:  New Member  Renewing Member

Organization Name: \_\_\_\_\_

d/b/a: \_\_\_\_\_ Year Established: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Corporate type: (check one)  Not-for-profit  Proprietary

Chapter 2015/2016 Dues

Provider membership for each organization in the Long Island Chapter of the New York State Association of Health Care Providers, Inc. (HCP) includes all related New York State home care corporations, subsidiaries and other entities under common ownership and/or management.

Annual Dues for Chapter membership are: First time members: \$400.00 Returning members: \$550.00

Note: First-time members who join mid-year are pro-rated for the remainder of the dues year. Chapter dues year runs November 1 through October 31.

Payment

All members are encouraged to satisfy their dues obligation in entirety at the start of the dues year.

Total Due: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Make check payable to: Long Island Chapter of the New York State Association of Health Care Providers, Inc.

Note: Chapter dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense as well as an allowable Medicare expense. However, in accordance with Section 13222 of OBRA 1993 (Denial of the Deduction for Lobbying Expenses), 9% of your membership dues are not tax deductible as ordinary and necessary business expenses.

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

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

Thank you for joining the Long Island Chapter. Please be sure to complete both sides of this application and return with payment to: HCP Long Island Chapter, c/o Matt Hetterich, Utopia Home Care Agency, Inc., 60 East Main Street, Kings Park, NY 11754

If you have any questions, please feel free to contact any of the following Long Island Chapter leaders:

- President: Rick Schaefer, Better Home Health Care Agency, Inc., 516.763.3260
Vice President: Taniella Jo Harrison, Tri- County Home Nursing Services, Inc., 516.997.1208
Treasurer: Matt Hetterich, Utopia Home Care, Inc., 631.544.6005
Member at Large: Mary Winters, RegionCare, 516.505.4300
Secretary: Nancy Geiger, Gurwin Home Care Agency, 631-493-1282.

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**HCP Long Island Chapter  
Provider Application for Chapter Membership, 2015-16**

**Instructions**

Complete this section for each office of your organization where you would like to receive an extra mailing. Please copy this page, complete and attach for any additional locations. Please type or print neatly.

Organization Name: \_\_\_\_\_  
d/b/a: \_\_\_\_\_ Year Established: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Additional Contact: \_\_\_\_\_ Title: \_\_\_\_\_

**Should this office receive information sent to all Chapter members?**

- Yes (note: information will go to 1st contact)     No

**What type of office is listed on this form? (check one)**

- Corporate Headquarters     Franchise     Main Office     Branch Office  
 Recruiting Office     Satellite Office     Other: \_\_\_\_\_

**What type of provider is listed on this form? (check one)**

- CHHA     LHCSA     LTHHCP     Hospice  
 Licensure exempt     License pending     HME/DME     Pharmacy  
 Special Purpose CHHA     AIDS LTHHCP     Other: \_\_\_\_\_

**Is this office accredited? (check all that apply)**

- JCAHO     CHAP     Other: \_\_\_\_\_

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Organization Name: \_\_\_\_\_  
d/b/a: \_\_\_\_\_ Year Established: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Additional Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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