

**Provider Member (Voting & Non-Voting):** Dues are on a sliding scale based on total number of visits on your last cost report. <u>Choose either Provider Voting OR Provider Non-Voting Member category, and check the appropriate box for total number of visits.</u>

Provider Voting Member Total Visits  □ 0 - 6,000 □ 6,001 - 15,000 □ 15,001 - 25,000 □ 25,001 - 35,000 □ Over 35,000	<b>Annual Dues</b> \$1,550 \$3,050 \$3,800 \$4,550 \$5,250	Provid	der Non-Voting Total Visits 0 - 6,000 6,001 - 15,000 15,001 - 25,000 25,001 - 35,000 Over 35,000	) )	<b>Annual Dues</b> \$ 775 \$1,525 \$1,900 \$2,275 \$2,625
Participating Member: (NEW Property \$1,200 annually (Property Associate Member:		egory)			
Individual Member:		of Provi		red. Related p	providers are
Agency/ Individual Name					
Street	City		State		Zip
Medicare Provider # (If applicable)			Website		
Representative Title Email  Annual dues shall be due and payable on January 1st of each year. Those dues above \$1,200 may be paid in full on January 1st or in four (4) equal installments as follows: January 1st, April 1st, July 1st and October 1st. All dues of \$1,200 and below will be due and payable on January 1st.					
Please make checks payable to: MAHC PO Box 115 Clinton, MS 39060 Please call 601-924-2275, if you have any questions.	PAYMENT INFO		ΓΙΟΝ esterCard □ Visa	a □ Checl	k (Payable to MAHC)
Thank you for your support!		1			

Exp. Date

Signature

CVV Code