

PROFILE

Company Name

Mailing Address

City

State

Zip

Phone

Fax

Primary Contact and Title

Email

PRODUCTS & SERVICES

Please include products or services provided by your company for inclusion in IHCC's online products and services directory. This directory helps our providers find the products and services they need.

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Fleet Management/Car Rental |
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Communications - Telecommunications | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Communications - Wireless | <input type="checkbox"/> Medical Alert Systems |
| <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Computer Software - General | <input type="checkbox"/> Medical Monitoring |
| <input type="checkbox"/> Consulting - Billing | <input type="checkbox"/> Medical Supplies |
| <input type="checkbox"/> Consulting - Clinical | <input type="checkbox"/> Office Equipment |
| <input type="checkbox"/> Consulting - Financial Management | <input type="checkbox"/> Office/Business Products & Services |
| <input type="checkbox"/> Consulting - Human Resources | <input type="checkbox"/> Patient Housing Alternatives |
| <input type="checkbox"/> Consulting - Licensing | <input type="checkbox"/> Patient Satisfaction |
| <input type="checkbox"/> Consulting - Marketing/Media | <input type="checkbox"/> Patient Transportation Solutions |
| <input type="checkbox"/> Consulting - Medicare Compliance | <input type="checkbox"/> Security Services |
| <input type="checkbox"/> Consulting - Operations | <input type="checkbox"/> Staffing - Clinical |
| <input type="checkbox"/> Consulting - Quality Improvement | <input type="checkbox"/> Staffing - Non-Clinical |
| <input type="checkbox"/> Consulting - Safety | <input type="checkbox"/> Telehealth Systems |
| <input type="checkbox"/> Diagnostic Equipment/Tools | <input type="checkbox"/> Telephony |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Therapy Services |
| <input type="checkbox"/> Finance/Data/Performance Systems | |

PAYMENT & POLICIES

Allied membership is available to businesses or organizations that supply goods or services to home care providers.

	Total	Enclosed
Allied membership	\$500	

<p>PAYMENT METHOD</p> <p><input type="checkbox"/> Check (payable to IHCC)</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex</p> <hr/> <p>Card</p> <hr/> <p>Exp. Date</p> <hr/> <p>Signature</p>	<p>POLICIES AND INFORMATION</p> <ol style="list-style-type: none"> 1. Provider Membership in IHCC is open to direct providers of health and supportive services and products in the home. Allied Membership is open to businesses or organizations that supply goods or services to home care providers. 2. Membership benefits begin with receipt of payment. 3. Membership dues are non-refundable. 4. Dues payments to IHCC are not deductible as a charitable contribution for federal income tax purposes. Dues payments may be deductible as a business expense, subject to exclusion for lobbying activity. 17% of the dues payment is not deductible as a business expense due to IHCC's lobbying activities on behalf of members.
---	---

I have read and understand the IHCC dues policies, and certify that I have accurately estimated my revenue for the previous year and have calculated my dues correctly. By accepting IHCC membership, you agree to abide by the Illinois HomeCare Council Code of Ethics, www.ilhomecare.org/pdf/IHCCCodeofEthics.pdf.

Signature/Title _____ Date _____

PLEASE SEND COMPLETED RENEWAL TO:
 Illinois HomeCare Council · 100 East Washington Street · Springfield, IL 62701
 Phone: 217-753-4422 · Fax: 217-528-6545 · info@ilhomecare.org

STEP 4: PRODUCTS & SERVICES DIRECTORY INFORMATION

This information will allow Home Care Providers to locate your company at www.ilhomecare.org

GENERAL INFO

COMPANY NAME

COMPANY CONTACT

CONTACT E-MAIL

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

COMPANY WEBSITE

LEGISLATIVE INFORMATION

Illinois Congressional District # _____

Illinois State Senate District # _____

Illinois State House District # _____

Please complete and fax form to the
Illinois HomeCare Council

FAX 217.528.6545

Questions? Call or Email IHCC at
217.753.4422 or info@ilhomecare.org

**THIS INFORMATION WILL BE USED
TO HELP HOME CARE PROVIDERS
LOCATE YOUR COMPANY AT
WWW.ILHOMECARE.ORG**

PRODUCTS & SERVICES AVAILABLE

Check appropriate products & services for your company

- Accounting
- Accreditation
- Communications - Telecommunications
- Communications - Wireless
- Computer Hardware
- Computer Software - General
- Consulting - Billing
- Consulting - Clinical
- Consulting - Financial Management
- Consulting - Human Resources
- Consulting - Licensing
- Consulting - Marketing/Media
- Consulting - Medicare Compliance
- Consulting - Operations
- Consulting - Quality Improvement
- Consulting - Safety
- Diagnostic Equipment/Tools
- Education/Training
- Finance/Data/Performance Systems
- Fleet Management/Car Rental
- Insurance
- Legal Services
- Medical Alert Systems
- Medical Equipment
- Medical Monitoring
- Medical Supplies
- Office Equipment
- Office/Business Products & Services
- Patient Housing Alternatives
- Patient Satisfaction
- Patient Transportation Solutions
- Security Services
- Staffing - Clinical
- Staffing - Non-Clinical
- Telehealth Systems
- Telephony
- Therapy Services