

Virginia Association of Durable Medical Equipment Companies



Benefits which 2013 VADMEC Members receive:

- Reduced rates for **two General Meetings** with the highest in quality programming and entertainment **Winter Meeting – March 3-4, 2013**, - held at the Omni Richmond, **Summer Meeting and Exhibit Show 2013 – dates TBD in Norfolk, VA.**
- Reduced rates for **Educational Seminars** held in the state's center (Charlottesville, Roanoke or Richmond) during the Spring and the Fall which are usually one-day, in-depth instruction. **2013 Schedule** will include a sessions on: Competitive Bidding Training, Management/Operations Focus, Accreditation & Reimbursement trainings, Driver Certification Training Program, Sales/Marketing and Personnel Training.

Lobbying power - both in Virginia & Washington:

2012 included grassroots lobbying trips to DC to work to halt Competitive Bidding. Committees hold meetings with other payors to ensure proper attention to reimbursement. VADMEC visits our VA delegation in DC each year and has a General Assembly visits at each Winter Meeting.

- **Emailed news** - with committee reporting from our committees as activity warrants, with the latest industry updates and advertising opportunities for Associate Members
- **Committees:** Legislative - State & Federal, Education & Programming, Private Insurance, Membership, Medicare, Medicaid, Rehab, Ethics
- Guidance in **grassroots lobbying** campaigns and on-site visits by your elected officials
- **VADMEC Membership Directory**, By Laws, Code of Ethics, Patient Bill of Rights, Caregiver Bill of Rights accessible online and in pdf form.
- **VADMEC Membership Certificate** suitable for framing
- **Informal networking** with other VADMEC members
- Up to the minute **E-mail** communications, updates and more!!

Close association with the American Association for Homecare and many other affiliated industry associations, state and national
VADMEC – Representing the Durable Medical Equipment Companies in Virginia 1979!!

**VIRGINIA ASSOCIATION OF DURABLE MEDICAL EQUIPMENT COMPANIES
2013 membership application**

Company Name: _____ Year Established: _____
 Parent Company Name: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ Fax: _____
 Contact Person: _____ Title: _____
 Accrediting Body: _____ **E - mail** _____ (required)

Regular Member Corporation Partnership Sole Proprietor Hospital Owned

Associate Member Manufacturer/Distributor/Service Provider/Vendor

Indicate the Services Provided:

- | | |
|---|---|
| 1. <input type="checkbox"/> Home Equipment Rental and Sales | 9. <input type="checkbox"/> Oxygen |
| 2. <input type="checkbox"/> Retail Sales | 10. <input type="checkbox"/> Other Respiratory Services |
| 3. <input type="checkbox"/> Ostomy | 11. <input type="checkbox"/> Ventilators |
| 4. <input type="checkbox"/> Mastectomy | 12. <input type="checkbox"/> Orthotics |
| 5. <input type="checkbox"/> Custom Chair & Seating | 13. <input type="checkbox"/> Wholesale Supplier |
| 6. <input type="checkbox"/> Enteral/Parenteral | 14. <input type="checkbox"/> Pharmacy |
| 7. <input type="checkbox"/> Home IV Services | 15. <input type="checkbox"/> Home Health Agency |
| 8. <input type="checkbox"/> Ambulance Service | 16. <input type="checkbox"/> Other |

Member of: AAH MED RESNA VAHC OTHER
 Accredited by: JCAHO CHAPS ACHC Compliance Team OTHER
 Billing: Computerized EMC DMERC: A B C D

2011 Dues:	<input type="checkbox"/> Up to \$500,000 Gross Revenue.....	\$330.00
REGULAR	<input type="checkbox"/> \$500,000 to \$1,000,000.....	\$440.00
	<input type="checkbox"/> \$1,000,000 to \$2,000,000	\$550.00
	<input type="checkbox"/> Over \$2,000,000.....	\$660.00

ASSOCIATE/MANUFACTURER*

Manufacturer/Distributor/Service Provider..... \$395.00

(Vendor space at Summer Trade Show for 2011 will be acquired separately – cost not to exceed \$500 per booth)

Please mark correct block and enter amount here..... \$ _____

(Please attach each branch address and contact information)

Total Due \$ _____**

(* Vendor Sponsorship packages available online. **Membership based on calendar year – you may pro rate by month)

I hereby apply for VADMEC membership and agree to abide by the Constitution and Bylaws of the Association.

Signature _____, Title _____, Date _____

Up to 24% of dues can be devoted to legislative activities and therefore, not deductible as business expenses.

PLEASE MAIL APPLICATION ALONG WITH PAYMENT TO:
(credit cards are accepted)

VADMEC, PO BOX 4411, CARY, NC 27519-4411. www.vadmec.org

QUESTIONS? CALL 919-387-1221 OR EMAIL vadmec@nc.rr.com. Fax 919-249-1394