

# California Program of All-Inclusive Care for the Elderly (CalPACE) Member Application

## Company Information



Company Name		Website
Address		Suite/Floor
City	State/Country	ZIP
Main Company Phone <i>(for directory listing)</i>	Main Company E-mail <i>(for directory listing)</i>	
Contact Name	Contact Title	
Contact Email	Contact Direct Phone	

## Executive Staff

CEO Name \_\_\_\_\_ Email \_\_\_\_\_ Direct Phone \_\_\_\_\_

COO Name \_\_\_\_\_ Email \_\_\_\_\_ Direct Phone \_\_\_\_\_

CFO Name \_\_\_\_\_ Email \_\_\_\_\_ Direct Phone \_\_\_\_\_

CMO Name \_\_\_\_\_ Email \_\_\_\_\_ Direct Phone \_\_\_\_\_

PACE Director Name \_\_\_\_\_ Email \_\_\_\_\_ Direct Phone \_\_\_\_\_

## Annual Dues and Payment

Annual dues are calculated on a fiscal year, July 1 to June 30.

New Member dues are prorated quarterly.

Membership dues for new PACE Members are a minimum of \$15,000.00. A minimum of \$15,000.00 will be charged during the first year of start-up, until such a time as the organization's share of association expenses would exceed \$15,000.00.

In subsequent years, your Membership fee in CalPACE will be calculated based on your share of projected Association expenses for the next fiscal year. Expenses are divided among the existing PACE Members, based on the number of enrollees as of December 31st the year prior. The larger the number of PACE enrollees in a program, the higher the share of cost for CalPACE Membership fees.

Please invoice my organization for initial annual Member fee in the amount of \$15,000

Payment enclosed; check number \_\_\_\_\_ amount \$ \_\_\_\_\_

## Terms & Conditions

Dues are non-refundable and non-transferable. Membership in CalPACE will commence when CalPACE Board of Directors approves the application and the membership dues payment has been received. Determinations of the board are final.

### I certify that the CalPACE Member Applicant:

1. Has been designated by the State of California Department of Health Care Services as a Program of All-inclusive Care for the Elderly pursuant to Sections 14590 et seq. of the California Welfare and Institutions Code, and;
2. Operates its PACE program within the State of California

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Please remit application and payment to:

CalPACE, 1315 I Street, Suite 100, Sacramento, CA 95814

Questions? Please send an email to [hello@calpace.org](mailto:hello@calpace.org) or call (855) 921-PACE