CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

HOME MEDICAL EQUIPMENT DATA COLLECTION SHEET

DATE: _____

Consultant Name: _____

Consultant Phone: _____

FAX WHEN COMPLETED TO: CAREGIVER CONSULTING, INC. (866) 209-0444

DATA TO COMPLETE AHCA'S FINANCIALS FOR HME LICENSING

Facility Name: _____

Address: _____

City: _____ FL. Zip Code_____

Telephone: _____ Fax: _____

Florida County _____

Facility Type: HME/DHME Expected Licensing Date: _____

Owner's Name _____

Contact Phone: _____ Fax: _____

Contact Email(s): _____

Old Owner's Name (if CHOW) _____

Old Business Name (if CHOW) _____

IMPORTANT NOTICE

THE PFA DOCS WILL BE DONE IN 72 - 120 HOURS AFTER THIS FORM IS RETURNED TO US FULLY COMPLETED. WE REQUIRE AT LEAST A 50% DEPOSIT IN ADVANCE. THE 50% BALANCE IS DUE WHEN THE DOCS ARE COMPLETED. FINAL PAYMENT MUST BE MADE BEFORE THE DOCS ARE DELIVERED TO YOU. A CREDIT CARD AUTHORIZATION IS ON THE NEXT PAGE. HOWEVER, OUR PREFERRED PAYMENT METHOD IS BY QUICKPAY OR ZELLE THROUGH THE BUSINESS EMAIL ADDRESS WHICH IS CAREGIVERCONSULTING@HOTMAIL.COM. THERE IS A $350.00 CHARGE TO UPDATE THE DOCUMENTS IF YOU KEEP THEM MORE THAN 3 MONTHS BEFORE FILING THE APPLICATION WITH AHCA.

CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

COST AND CERTIFICATION OF EXPECTED REVENUE AND EXPENSES

COST OF PFA **HME CPA Certified PFA + Notes & Assumptions** **$1,500.00**

The completed PFA will be certified by our CPA

OPTIONAL SERVICES: AHCA usually require the following documents with the application. If you wish, we can provide them according to what AHCA expects.

Letters of Commitment for Funding	$0.00
Bill of Sale + Sellers Affidavit (if Change of Ownership)	$75.00 ☐
Furniture Donation Affidavit (if giving items to the HME/DME)	$25.00 ☐
TOTAL	_____

CERTIFICATION

I, the undersigned, certify that the financial information provided above and below in this questionnaire, for the Agency for Health Care Administration (AHCA) and Department of Elder Affairs (DOEA), is true and correct to the best of my knowledge. I understand AHCA might ask for more information or receipts and can deny my application if it determines that any of the information I provide is insufficient or unacceptable.

_____ _____ _____

Signature of Owner, Administrator or Manager PRINT NAME Date

You can pay by Zelle using Caregiver Consulting, Inc. and phone number 786-514-9177

FILL IN BELOW FOR PAYMENT BY CREDIT OR DEBIT CARD

PAYMENT AUTHORIZATION TO CAREGIVER CONSULTING, INC.				Amount:	
Card Type	☐Visa ☐MasterCard ☐Discover			Date Expire	
				Phone No.	
Card Number				CCV: (3 digits)	
Name on Card				[Card billing address ☜☜]	
Bill Address					
City		State/Zip Code			
Signature				Date Signed	

CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

ACTUAL OR EXPECTED MONTHLY REVENUE AND SOURCES

EXPECTED REVENUE DISTRIBUTION

State what percentage (%) of your billing revenue you expect to come from each of the following:

PRIVATE PAY	MEDICARE	MEDICAID	INSURANCE	HMO/PPO	OTHER

IF YOU HAVE A LIST – Attach your list of the equipment and supplies you plan to provide with the cost you will pay the supplier to get each item and the price that the equipment your cost PROVIDE WITH YOUR COST THAT YOU WILL PAY FOR EACH ITEM AND THE PRICE THAT YOU WILL SELL THEM FOR TO THE PATIENT OR CLIENT. AHCA REQUIRES THIS.

IF YOU DON'T HAVE A LIST – CREATE ONE HERE:

Respiratory Modalities	**Your cost**	**Your Price to Patient**
Ambulation Aids	**Your cost**	**Your Price to Patient**
Mobility Aids	**Your cost**	**Your Price to Patient**
Sickroom Setup	**Your cost**	**Your Price to Patient**
Disposable Supplies	**Your cost**	**Your Price to Patient**

ADD ADDITIONAL PAGES IF NEEDED

CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

LIST THE FOLLOWING MONTHLY EXPENSES WITH COMMENTS IF ANY		
Item	**Monthly Amt.**	**Comments (if any)**
Rent/Mortgage		
Utilities (phone, water, etc.)		
Insurance (required liability)		AHCA requirement for licensing
Accountant/Bookkeeper		
Monthly inventory levels		Estimated monthly inventory (value/cost)
Supplies - office		
Repair/Maintenance		
Security Monitoring		
Equipment lease payment		
CPA/Accountant		
Payroll (e.g. ADP)		
Loan Principal		
Loan Annual Interest Rate		
Loan Duration (No. of Years)		
Amount from Borrower		

STAFFING AND SALARY		
Position	**No in Year 1**	**No. in Year 2**
Administrator/General Manager		
Alternate Administrator		
Medical Director		
Financial Officer (not outside CPA)		
Secretary		
Assistive Technology Professional		
Other staff (describe below)		
TECHNICAL INDEPENDENT CONTRACTED STAFF		

CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

STATE THE EXACT AMOUNTS AS STATED ON THE RECEIPTS YOU PAID OR EXPECT TO PAY FOR FACILITY PREPARATION, FURNITURE AND EQUIPMENT IF APPLICABLE.

AHCA EXPECTS RECEIPTS FOR ITEMS LISTED AS "ALREADY PAID"
MAKE SURE YOU HAVE THEM TO SEND IN

EQUIPMENT ALREADY PURCHASED IF APPLICABLE		
HME Office Equipment (Computers, etc.)	**Amount Paid if Already Purchased**	Amount To be Paid if not Purchased
Advertisement	**Amount Paid if Already Purchased**	Amount To be Paid if not Purchased
New Website		
Flyers/Postcards/Brochures		
Print Media (newspapers, etc.)		
Broadcast Media		
Other		

Send datasheets to us by: Fax: 1-866-209-0444

Or email it to **caregiverconsulting@hotmail.com**

Get valuable information online at **http://caregiverconsulting.com**