



American Health Care Assn
1201 L Street NW
Washington, DC 20005
Ph: (202) 842-4444 Fax: (202) 842-3860
Federal ID# 53-0260105

INVOICE

FACILITY NAME
AHCA ID#: XXXXXXXX
Invoice #: INV-XXXXXX-XXXXX
Date: 07/01/2021

FACILITY NAME
ATTN: Administrator
FACILITY ADDRESS
FACILITY ADDRESS

Total:
\$1,200.00

AHCA 2021 Media Campaign Dues Assessment

	Actual Bed #	Billed Bed #	Price Per Bed	Total Fee
Regular SNF Beds	120	120	\$10.00	\$1,200.00
Total				\$1,200.00

Assessment is \$10 per skilled nursing facility bed capped at 200 beds per facility. Facility bed count has been provided by your state association.

Payment Options:

By check (Include invoice copy or invoice number with payment)

Mail to: American Health Care Association
Attn: Accounts Receivable
1201 L Street, NW
Washington, DC 20005

By credit card (We accept Visa, MasterCard, American Express, and Discover)

Online: Visit <https://www.ahcancal.org/mc-invoice>
Phone: Call (202) 898-6323

Payment due upon receipt

In compliance with Section 6033 (e) of the Internal Revenue Code (IRC), the American Health Care Association reasonably estimates that 0% of this 2021 AHCA media campaign dues assessment will be spent on lobbying or other expenditures subject to section 162(e)(1) of the IRC.