HME excellence award

2012 Awards

Application Form

submission deadline: MAY 25th

Brought to you by: HMENews

Submit form to:

HME Excellence Awards
P.O. Box 998
Yarmouth, ME 04096

or via fax: 207-846-0657

Award Category

Check one

- ☐ Best HME Provider
- ☐ Best Home Respiratory Provider
  _____ % of revenues from respiratory business
- ☐ Best Rehab Technology Provider
  _____ % of rehab revenues from power mobility
  _____ % of rehab revenues from manual mobility

Financials*

1. What was your average annual rate of sales growth for the last two years?
   ☐ 0-5 % ☐ 5-10% ☐ 10-20% ☐ 20-40% ☐ 40-60% ☐ over 60%
2. What was your average pre-tax profit margin over the last three years?
   ☐ 0-5 % ☐ 5-10% ☐ 10-15% ☐ 15-20% ☐ over 20%

Community Involvement

Attach separate sheet if necessary

1. List membership, dates and leadership positions in trade groups. (i.e. AAHomecare, Northwood, NYMEP, MED, VGM) _____
2. List membership, dates and leadership positions in clinical associations. (i.e. NRRTS, AARC) _____
3. List three most significant community outreach activities in past year. Activity must be non-profit. _____

Staffing

1. # of years company has been under current management: _____
2. # of employees: Full-time _____ Part-time _____
3. # of full-time employees who left company in 2011: _____
4. # of employees who have at least one of the following credentials:
   CRT or RRT _____
5. # of employees who have at least one of the following credentials:
   PT/OT, ATP, RET _____

Quality Control

1. Note number of years accredited with the following accrediting organizations:
   ACHC _____ CHAP _____
   JCAHO _____ Other _____
2. Do you have a dedicated compliance officer?
   Name _____ Title _____

Contact Information

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

* *PLEASE NOTE: All information is for judging purposes only and will be kept confidential.*

INCOMPLETE FORMS CANNOT BE CONSIDERED