



MEMBERSHIP BENEFITS

About NEVVA

The National Electronic Visit Verification Association (NEVVA) is a not-for-profit organization dedicated to serving as the single source for Electronic Visit Verification industry-related information for states, managed care organizations and providers. NEVVA provides expertise, news and information, advocacy and support to all of these constituents, enabling them to continuously deliver the highest quality of care possible to those who depend on it.

Type of Organization	Annual Fee	Membership Benefits			
		Signage/Awareness as Charter Member	\$5,000 Annual Re-Enrollment	Advisory Board Participation	NEVVA Event Ticket Discounts
EVV SERVICE PROVIDER					
Charter Member	\$25,000	●	●	●	●
Level 2 <i>Over 50 employees</i>	\$5,000				●
Level 1 <i>1 - 50 employees</i>	\$2,000				●
MCO/HEALTH PLAN – PAYOR					
Charter Member	\$25,000	●	●	●	●
Per Health or Community Plan	\$10,000				●
PROVIDER (AGENCY OR INDEPENDENT)					
Charter Member	\$25,000	●	●	●	●
Level 3 <i>Over 100 employees</i>	\$7,500				●
Level 2 <i>11-100 employees</i>	\$5,000				●
Level 1 <i>1 - 10 employees</i>	\$100				●
FEDERAL, STATE, OR ASSOCIATION					
Employee or Group	Complimentary		●	●	●



MEMBERSHIP APPLICATION

YES! I WANT TO JOIN NEVVA.

- EVV SERVICE PROVIDER** Charter Member Level 2 Level 1
- MCO/HEALTH PLAN – PAYOR** Charter Member Per Health or Community Plan
- PROVIDER (AGENCY OR INDEPENDENT)** Charter Member Level 3 Level 2 Level 1
- FEDERAL, STATE, OR ASSOCIATION (EMPLOYEE OR GROUP)**

PLEASE PRINT:

Organization/Company/Individual Name _____
Name of Primary Contact _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone _____ FAX _____ Email _____
Company Website _____

OTHER INDIVIDUALS TO RECEIVE ASSOCIATION MAILINGS OR ELECTRONIC COMMUNICATIONS:

Name _____ Title _____
Address (if different than above) _____
Phone _____ FAX _____ Email _____

Name _____ Title _____
Address (if different than above) _____
Phone _____ FAX _____ Email _____

Name _____ Title _____
Address (if different than above) _____
Phone _____ FAX _____ Email _____

Brief Description about the Member – Provider Type or State/Federal or Local Entity

How did you hear about NEVVA _____
Form completed by _____ Date _____

We accept all forms of credit cards – please contact us for details at 614-656-8056. Please return application with a brief company description and check made payable to:

NEVVA, 1100 Beecher Crossing North, Suite A, Gahanna, OH 43230