

Applicant Information All eligible hospitals in a System (under common control and/or management; or otherwise affiliated) must join NALTH. Please complete an application for each LTCH hospital. Membership subject to approval by NALTH Board of Directors.

DATE:		
HOSPITAL / SYSTEM NAME:		PHONE:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
CONTACT NAME:	TITLE:	EMAIL:

HOSPITAL TYPE (CHECK ONE): ☐ Stand Alone ☐ Satellite ☐ Hospital in Hospital

FIRST MEMBER DUES: If more than one member hospital, the first member must be the largest in bed size. Total number of licensed LTCH beds whether in use or not.

BEDS/DUES: ☐ 1-49 / \$11,559 ☐ 50-99 / \$15,864 ☐ 100-149 / \$20,167 ☐ 150-199 / \$24,469 ☐ 200 & OVER / \$26,623

1 ST MEMBER FACILITY NAME:	NUMBER OF BEDS:	PROVIDER ID:
SIGNATURE OF PERSON COMPLETING APPLICATION:		

ADDITIONAL MEMBERS DUES (SAME OWNER): Dues for the other hospitals are half of the full amount. If more than seven LTCH hospitals, please use additional Membership Application Form.

BEDS/DUES: ☐ 1-49 / \$5,779 ☐ 50-99 / \$7,943 ☐ 100-149 / \$10,084 ☐ 150-199 / \$12,235 ☐ 200 & OVER / \$13,312

2 ND MEMBER FACILITY NAME:	NUMBER OF BEDS:	PROVIDER ID:
3 RD MEMBER FACILITY NAME:	NUMBER OF BEDS:	PROVIDER ID:
4 TH MEMBER FACILITY NAME:	NUMBER OF BEDS:	PROVIDER ID:
5 TH MEMBER FACILITY NAME:	NUMBER OF BEDS:	PROVIDER ID:
6 TH MEMBER FACILITY NAME:	NUMBER OF BEDS:	PROVIDER ID:
7 TH MEMBER FACILITY NAME:	NUMBER OF BEDS:	PROVIDER ID:

ADDITIONAL HOSPITALS – UNLIMITED AFTER 16 / \$1,104 PER HOSPITAL: Dues Structure is based the number of Medicare certified beds exeeeing 16.

Payment Information

PLEASE MAKE CHECK PAYABLE TO:	NALTH (National Association of Long Term Hospitals)
REMIT TO:	NALTH c/o KNG Health Consulting
	6116 Executive Blvd., Suite 770
	North Bethesda, MD 20852