2023 PROVIDER MEMBERSHIP FORM

CONTACT INFORMATION
Name of Hospice and/or Palliative Care Program:
Address: ____________________ City: ___________ State: ________ Zip ________
Phone: ____________________ Fax: ____________________
Website: ____________________
*The information above will be listed in NHPCA’s membership directory.

Director Information:
Name: ____________________ Title: ____________________
Email: ____________________ Phone: ____________________

Alternate Representative Information:
Name: ____________________ Title: ____________________
Email: ____________________ Phone: ____________________

COUNTIES OF SERVICE
________________________________________________________________________
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CITIES OF SERVICE
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A Provider Member is any licensed hospice organization or palliative care provider that actively provides direct care. To become a Provider Member, all multiple locations must be listed on the membership form and calculated upon submission of dues. Hospice providers within a multi-hospice provider organization may only become a member if all the providers of the multi-provider organization become or are members of NHPCA. No additional multiple location fees will be required for hospice providers with an annual census of less than 50 admissions.

PLEASE SUBMIT RENEWAL FORM AND PAYMENT TO NHPCA
1519 M Street, Cozad, NE 69130 • Phone (402) 477-0204 • Email Info@nehospice.org
**STAFF MEMBERS**

List staff members that should be in NHPCA’s database. Staff members will receive NHPCA’s e-newsletter, *Hospice News Nebraska* and will gain access to the members-only section of nehospice.org.

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**MEMBERSHIP DUES** (Complete the dues calculation below)

**OPTION 1** - Hospice programs and hospice programs that *also* provide palliative care

- Base Price $675
- Number of hospice admissions in calendar year 2022
- x $7.75 per admission
- Number of multiple locations (as licensed by State of Nebraska)
- x $200 per multiple location

Total Dues for 2023: $

**OPTION 2** - Palliative care program (select this option only if your program does not provide hospice)

- Base Price $500
- Total Dues for 2023: $

**PAYMENT INFORMATION**

- [ ] Check Enclosed (Payable to NHPCA)
- [ ] Invoice
- [ ] Credit Card →

Cardholder’s Name (PRINT) ____________________________
Credit Card # ____________________________ CVC # _______
Expiration Date ____________________________
Cardholder’s Billing Address, City, State, Zip ____________________________
Cardholder’s Email ____________________________
Signature ______________________________________

Your signature on the line above will authorize this transaction.

Signature ____________________________ Date ____________

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MUSTFULL INFORMATION
(Please fill out for each location)

CONTACT INFORMATION

Name of Hospice: ________________________________
Address: ______________________________________ City: __________________ Zip: ____________
Phone: __________________ Fax: __________________
Website: ______________________________________
*The information above will be listed in NHPCA’s membership directory.

Director Information:
Name: __________________________________ Title: __________________
Email: __________________________________ Phone: __________________

Alternate Representative Information:
Name: __________________________________ Title: __________________
Email: __________________________________ Phone: __________________

COUNTIES OF SERVICE ____________________________________________
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CITIES OF SERVICE _________________________________________________
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MULTI LOCATION STAFF MEMBERS

List staff members that should be in NHPCA’s database. Staff members will receive NHPCA’s e-newsletter, *Hospice News Nebraska* and will gain access to the members-only section of nehospice.org.

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