

Professional Provider Membership Invoice - Membership Period: 7/1/19 through 6/30/20



Membership dues are assessed annually. Payment in full is requested by **August 31, 2019**. Please complete and submit this and Staff Contacts form to OHPACA at P. O. Box 592, Marylhurst, Oregon 97036. You may also pay online using a credit card: <https://oregonhospice.org/membership/>. Thanks for joining or renewing!

PROFESSIONAL PROVIDER MEMBER with voting rights and privileges.

Professional Provider Members are corporations, agencies, or divisions who provide hospice and/or palliative care under a single CMS Provider Identification Number (including identified multiple locations).

Dues Calculation: \$300 per year plus \$4 per 2018 patient admission

Dues = (total number of hospice/palliative care patient admissions in 2018 x \$4) + \$300

_____ Number of Oregon patients admitted to hospice services in 2018

_____ Number of Oregon patients admitted to palliative care services in 2018

\$ _____ is enclosed

The Oregon Hospice & Palliative Care Association maintains a website directory of all operating and developing hospice and palliative care providers in Oregon and communities serving patients in Oregon. The directory is provided as a public service to the community and as a benefit to hospice and palliative care providers. Please complete all the information accurately; this information generates your OHPACA Website Directory listing.

Program name:			
<input type="checkbox"/> Hospice	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Hospice & Palliative Care	<input type="checkbox"/> Inpatient Hospice
Branch locations <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please complete and return a separate Website Directory form for each branch location your membership dues payment represents.			
Address:			
City/State/Zip:			
Telephone:		Website:	
Program Director/Administrator:		E-mail address:	
Primary Contact (if different from above):		E-mail address:	
Cities served: (Please list all that apply so consumers can find your listing in more than the city your office is located in)			
Counties served: (Please list all that apply.)			
<input type="checkbox"/> Developing hospice services		Anticipated opening date:	
OWNERSHIP			
<input type="checkbox"/> Hospice corporate chain	<input type="checkbox"/> Managed care/HMO	<input type="checkbox"/> Integrated healthcare system	
<input type="checkbox"/> Continuing care retirement community		<input type="checkbox"/> Independent	
Corporate name/affiliation/ownership and location (city/state):			

STAFF CONTACTS OHPCA membership extends to the entire staff of the member organization. Members receive information, notices and access to various list-serves, including the weekly Hospice News Network, education and conference materials. Please let us know if there are changes to your information to ensure you receive important and timely information. Thank you!

Group	Name(s)	E-Mail Address(es)	Optional: Add to Distribution Lists (please check)	
Hospice/Palliative Care Leader/Director			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
Clinical Contact <i>(operational contact, Patient Care Coordinator)</i>			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
Hospice & Palliative Medicine Director <i>(physician, NP)</i>			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
Social Worker			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
Bereavement Coordinator			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
Volunteer Coordinator			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
Spiritual Care Coordinator			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
Hospice Biller			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
QAPI Coordinator			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning
Other (please specify)			<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care Networking
			<input type="checkbox"/> Public Policy	<input type="checkbox"/> Education/Conference Planning