

Professional Provider Membership Invoice - Membership Period: 7/1/21 through 6/30/22



Membership dues are assessed annually. Payment in full is requested by **August 31, 2021**. Please complete and submit this and Staff Contacts form to OHPCA at P. O. Box 592, Marylhurst, Oregon 97036. You may also update your program information and pay securely online using a credit card [HERE](#). 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 2020 patient admission

Dues = (total number of hospice patient admissions in 2020 x \$4) + \$300

Number of Oregon patients admitted to hospice services in 2020:		
Amount Enclosed:	Check	Credit Card
Credit Card Number:	Expiration Date:	Security/VCode:
Billing Address:	Signature:	

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 OHPCA Website Directory listing.

Program name:			
Hospice	Palliative Care	Hospice & Palliative Care	Inpatient Hospice
Branch locations: If "Yes", please complete and return a separate Website Directory form for <u>each</u> 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. If too many to list here, please email separate attachment to mccauley@oregonhospice.org .)			
Counties served: (Please list all that apply.)			
OWNERSHIP			
Hospice corporate chain	Managed care/HMO	Integrated healthcare system	
Continuing care retirement community		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!

Hospice and/or Palliative Care Leader/Director Name(s):	Email:
<i>These people are automatically added to OHPCA's Provider Member & monthly QAPI/Regulatory distribution lists.</i>	
Hospice Medical Director Name(s):	Email:
<i>These people are automatically added to OHPCA's monthly Hospice Medical Directors Networking distribution list.</i>	
QAPI Coordinator Name(s):	Email:
<i>These people are automatically added to OHPCA's monthly QAPI/Regulatory distribution list.</i>	
Volunteer Coordinator Name(s):	Email:
<i>These people are automatically added to OHPCA's monthly Volunteer Coordinators Networking distribution list.</i>	
Hospice Biller Name:	Email:
Clinical Contact Name:	Email:
Social Worker Name(s):	Email:
Bereavement Coordinator Name(s):	Email:
Spiritual Care Coordinator Name(s):	Email:

