



Please make check payable to OHPCA and mail with your completed paperwork to P. O. Box 592, Marylhurst, OR 97036. Qs? (503)890-7027 (Meg)

2023-2024 Professional Provider Membership Dues Statement – please complete all information thoroughly; information provided here will be transferred to your website listing.

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). Hospice Provider members have voting responsibilities and privileges.

Agency Name: _____

Please click on the services your program provides from the menu (multiple selections OK):

- Hospice Inpatient Hospice Palliative Care Inpatient Palliative Care
 Other (please describe): _____

Address: _____ Tel: _____

City/State/Zip: _____

Counties Served: _____ Website: _____

Cities Served (Add below. Please attach separate sheet if too many cities to list here.):

OWNERSHIP (Corporate name/affiliation/ownership and location):

- | | |
|---|---|
| <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 | <input type="checkbox"/> Division of a prison |

NEW RATES for 2023-2024: MEMBER DUES CALCULATION INFORMATION

\$400 flat fee + (number of admissions between January 1-December 31, 2022 multiplied by \$5.00). *Minimum payment due is \$400.* Please submit paperwork and payment for each provider number if your program has multiple locations/branches.

Number of patients admitted in 2022 x \$5: _____ Plus \$400 flat fee = Total: _____

PAYMENT INFORMATION (checks and credit cards accepted) *You may also renew and pay securely online at <https://oregonhospice.org/professional-provider-membership/>*

Credit Card #: _____ Check (payable to OHPCA)

Name on Credit Card: _____

Billing Address: _____

City/State/Zip: _____

Exp. Date: _____ Vcard #: _____ Signature: _____

STAFF CONTACTS OHPCA membership extends to the entire staff of the member organization. Members receive information, notices and access to various networking groups, list-serves, 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!

| Leader, Director and/or Primary Contact (automatically added to OHPCA <u>QAPI/Regulatory</u> networking group) | | |
|---|---------------------------|------------------------------|
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
| | | |
| | | |
| Medical Director, Physician, HP (automatically added to OHPCA <u>Medical Director, Physicians, NPs</u> networking group) | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
| | | |
| | | |
| Volunteer Coordinator (automatically added to OHPCA <u>Volunteer Coordinators</u> networking group) | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| QAPI/Regulatory Coordinator (automatically added to OHPCA <u>QAPI/Regulatory</u> networking group) | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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PR/Marketing/Development Coordinator ((automatically added to OHPCA PR/Marketing/Development networking group))

| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
|----------------|---------------------------|------------------------------|
| | | |

Clinical Contact

| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
|----------------|---------------------------|------------------------------|
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| | | |

Biller

| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
|----------------|---------------------------|------------------------------|
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Social Worker

| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
|----------------|---------------------------|------------------------------|
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Bereavement Coordinator

| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
|----------------|---------------------------|------------------------------|
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Spiritual Care Coordinator

| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
|----------------|---------------------------|------------------------------|
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ADDITIONAL GROUPS, STAFF – Please add the additional staff persons to the following distribution lists:

| QAPI/Regulatory Networking Group | | |
|--|---------------------------|------------------------------|
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| Inpatient Hospice Directors, Managers Networking Group (for those with Inpatient programs only) | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| Public Policy Networking Group | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| Education/Conference Planning Group | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| Medical Directors, Physicians, NPs Networking Group | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| Palliative Care Networking Interest Group | | |
|--|---------------------------|------------------------------|
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| PR/Marketing/Development Networking Group | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| Volunteer Coordinators Networking Group | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| Billers Networking Interest Group | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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| Pediatric Palliative Care Networking Interest Group | | |
| <i>Name(s)</i> | <i>E-Mail Address(es)</i> | <i>Job Description/Title</i> |
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