

**2012 NHPCO PROVIDER NEW MEMBER APPLICATION FORM**

DO NOT USE THIS FORM TO RENEW! - This form is for New and Lapsed Provider members ONLY. Page 1 of 2

**Section A. - Contact Information**

Primary Contact\*: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_ Medicare ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Primary Contact Email \*: \_\_\_\_\_  
 President/CEO : \_\_\_\_\_ Pres/CEO Email: \_\_\_\_\_

*\*Individual who will receive all Provider mailings from NHPCO, be listed as the as the primary contact on the NHPCO Web site and Membership Directory, serve as Voting Delegate and receive complimentary NCHPP membership.*

**Our Corporate Office Information (if different from above):**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

**Section B. - 2012 Provider Dues**

NHPCO Provider dues are based on the number of new hospice patients admitted in the previous calendar year (January 1 to December 31, 2011) for **all hospice multiple locations affiliated with the primary location\***, regardless of reimbursement. NHPCO defines Hospice Multiple Locations as additional hospice service sites under one corporation. The Multiple Locations of Provider members receive membership mailings and discounts. All mailings for Multiple Locations will be sent to the designated primary contact at the Multiple Location.

**PLEASE ATTACH with this application, if applicable, ALL provider locations your complete organization operates in addition to this one above. Please include for each the location name, address, location primary contact person and email. Note: ALL LOCATIONS MUST JOIN AT THE SAME TIME.**

Minimum New Member Dues in total are \$1000 (\$500 minimum /\$9 by-patient dues+ \$500 processing fee)

**Dues Calculation Formula**


- A. Total number of new patients admitted in 2011\*: \_\_\_\_\_
- B. Multiply patients x \$9.00 to calculate your by-patient dues (A x \$9.00 = B): \$ \_\_\_\_\_
- C. ADD \$500 Mandatory Processing Fee +\$500.00
- D. If line B is LESS than \$500, your minimum dues are \$1000 (\$500 minimum by patient + \$500 processing fee) OR;  
 If line B is MORE than \$500, your dues are Line B + \$500 processing fee Total Dues **Box A:** \$ \_\_\_\_\_

**Section C. - 2012 Optional Services**

**Online Material Safety Data Sheet (MSDS) Program. PLEASE COMPLETE THE MSDS CONTACT FORM ON THE LAST PAGE.** The annual fee to participate through NHPCO is \$55 for the first location and \$27.50 for each additional location.

- A. Fee for First Location \$ 55.00
- B. Number of additional locations # \_\_\_\_\_ X Fee for each additional location (#add. loc x \$27.50 = B) \$ \_\_\_\_\_
- C. Total (A + B = BOX B)  **Box B:** \$ \_\_\_\_\_

**Yes, sign me up for a one-year subscription (12 issues) to the Journal of Pain and Symptom Management** **Box C:** \$ 160.00

**Yes, I want to make a Donation to the Hospice Action Network.** The Hospice Action Network was founded by NHPCO to bolster our existing lobbying presence in Washington and to mobilize additional lobbying resources on the issues of greatest concern to members of NHPCO. Visit [www.hospiceactionnetwork.org](http://www.hospiceactionnetwork.org) for more information.  **Box D:** \$ \_\_\_\_\_

**Total Amount Due for 2012 Membership Dues & Optional Services: (Add Boxes A + B + C + D)** \$ \_\_\_\_\_

**Continue with application on page 2**



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**Section D. - 2012 Payment Instructions - NHPCO Federal Tax ID 541096334**

**Please mail or fax payment, (in full or first installment) with these forms complete to NHPCO. Minimum New Member Dues in total are \$1000 (\$500 minimum by patient + \$500 processing fee)**

**My check is enclosed in full.** Check # \_\_\_\_\_ Amount Included \$ \_\_\_\_\_

*If you want to use wire transfer, please contact NHPCO Accounting at [accounting@nhpco.org](mailto:accounting@nhpco.org).*

**I am paying by credit card. (The credit card option is not for partial payments or for payments above \$10,000)**  
 **VISA**  **MASTERCARD**  **AMERICAN EXPRESS**

**ACCOUNT NUMBER:** \_\_\_\_\_ **3 DIGIT V# (on back of card):** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **NAME ON CARD:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Everything stated in this form is correct and complete to the best of my knowledge.**

Signature of Person who completed form: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Membership dues are non-refundable. Please note that 91.9% of your dues payment may be tax deductible as an ordinary and necessary business expense. As reported in our 2/28/2011 letter outlining our costs of lobbying through 2010, approximately 8.1% of your membership dues payment will go towards lobbying efforts and is not tax deductible. Please contact your tax professional for tax advice.*

**2012 MATERIAL DATA SAFETY SHEET (MSDS) CONTACTS**

**If you selected the MSDS option, please name your MSDS Contacts and Locations**

**Primary MSDS Location Contact** \_\_\_\_\_

**Primary MSDS Location Name** \_\_\_\_\_

Address \_\_\_\_\_

**Phone (required)** \_\_\_\_\_ **Email Address (required)** \_\_\_\_\_

**2nd MSDS Location Contact** \_\_\_\_\_

**2nd MSDS Location Name** \_\_\_\_\_

Address \_\_\_\_\_

**Phone (required)** \_\_\_\_\_ **Email Address (required)** \_\_\_\_\_

**3rd MSDS Location Contact** \_\_\_\_\_

**3rd MSDS Location Name** \_\_\_\_\_

Address \_\_\_\_\_

**Phone (required)** \_\_\_\_\_ **Email Address (required)** \_\_\_\_\_

**4th MSDS Location Contact** \_\_\_\_\_

**4th MSDS Location Name** \_\_\_\_\_

Address \_\_\_\_\_

**Phone (required)** \_\_\_\_\_ **Email Address (required)** \_\_\_\_\_

**5th MSDS Location Contact** \_\_\_\_\_

**5th MSDS Location Name** \_\_\_\_\_

Address \_\_\_\_\_

**Phone (required)** \_\_\_\_\_ **Email Address (required)** \_\_\_\_\_

**6th MSDS Location Contact** \_\_\_\_\_

**6th MSDS Location Name** \_\_\_\_\_

Address \_\_\_\_\_

**Phone (required)** \_\_\_\_\_ **Email Address (required)** \_\_\_\_\_

**If you have more than six locations selecting MSDS, feel free to attach additional names to this application. Be sure to include for each additional location the contact name, location address, location name, contact phone # and email address**