As a member, NHPCO will help you keep pace with the rapidly changing health care environment.

Your membership gives you and your staff access to:

- Trusted regulatory guidance – delivered in plain English
- Professional education opportunities – both in-person and online
- Operational benchmarking
- Survey readiness tools
- Outreach and marketing tools
- And more!
# NEW MEMBER PROVIDER APPLICATION

## Contact Information

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<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tr>
<td>Primary Contact*</td>
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<tr>
<td>Primary Contact Title</td>
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<td>Primary Contact Email</td>
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<td>Primary Contact Phone</td>
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<td>Company</td>
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- Do NOT list this organization in the NHPCO's online “Find a Provider” feature.

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*The Primary Contact will receive NHPCO Provider mailings, be listed as the point of contact for membership communications, and serve as the Voting Delegate.

**Do you operate additional locations?** If your hospice operates more than one site, please complete the additional location section on the reverse side, and/or include attach a list of additional locations with this application. NHPCO membership rules require all locations of member organizations to join together.

## Demographics

**Geographic area served by this location (Choose one)**
- Primarily Urban
- Primarily Rural
- Mixed Urban and Rural

**Predominant Ownership (Choose one)**
- Independent
- Corporate chain
- Health Plan/Managed care/HMO
- Integrated healthcare system (including VA)
- Continuing care retirement community
- Correctional facility
- Medicare certified home care agency
- University/academic institution
- Other (Explain): __________________________

**Medicare Certified as a Hospice?**
- Yes
- No

**If no, are you seeking Medicare certification?**
- Yes
- No

**Agency Type**
- Free Standing
- Hospital Based
- Home Health Based
- Nursing Home Based

**Accreditations**
- Accreditation Commission for Health Care (ACHC)
- Community Health Accreditation Program (CHAP)
- Joint Commission
- Other: __________________________
- Not Accredited

**Do you have a specialized pediatric program:**

*Note: A pediatric palliative care program is a formal pediatric hospice and/or palliative care program that has dedicated staff with expertise in pediatric palliative care.*
- Yes
- No

**Where are your palliative care services provided? (Check all that apply)**
- Home (patient’s residence)
- Clinic
- Inpatient facility/hospital
- Skilled nursing facility/nursing home
- Assisted Living Facility

**What are your palliative care program’s reimbursement sources? (Check all that apply)**
- Fee-for-service billing
- Medicare Home Health Care Benefit
- Contracts with payers
- Arrangements with ACOs (Accountable Care Organizations) or MSSPs (Medicare Shared Savings Plans)
- Private-Pay
- Philanthropy
- Parent Corporation

**How many years has your palliative care program been in operation?**
- < 1 year
- 1-2 years
- 3-5 years
- > 5 years

**Where are your palliative care services provided? (Check all that apply)**

**What are your palliative care program’s reimbursement sources? (Check all that apply)**

**How many years has your palliative care program been in operation?**

**Where are your palliative care services provided? (Check all that apply)**

**What are your palliative care program’s reimbursement sources? (Check all that apply)**

**How many years has your palliative care program been in operation?**

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**CODE:** PROVNEWDA
Dues and Optional Services

Dues are based on the number of new hospice patients admitted during the previous 12 months - for all locations affiliated with the organization. Members are expected to include admissions from all hospice locations within their organization when calculating dues. Individual hospice service sites of a corporate entity may not join separately.

OPTIONAL SERVICES

- Online Material Safety Data Sheet (MSDS) Program.
  The annual fee for the first location is $55 and $27.50 for each additional location. If ordering subscriptions for more than one location, use the additional section to identify the MSDS program contacts at each location.

MSDS CONTACT NAME

PHONE

EMAIL

- Sign me up for a one-year subscription (12 issues) to the Journal of Pain and Symptom Management

$160.00

Total - Dues and Optional Services, and Contributions

Your organization's membership will begin the date the application is processed by NHPCO and will carry a 12 month term.

Payment

Mail payment with completed forms to NHPCO.

Make a copy of all forms for your records.

- My check is enclosed in full. Check #________ $________
  (Made payable to NHPCO)
- Please charge my: ☐ Visa ☐ MasterCard ☐ Ameritrade ☐ Discover

SIGNATURE OF PERSON WHO COMPLETED FORM

PRINT NAME

DATE

Membership dues are non-refundable. Return all forms with payment to: NHPCO, P.O. Box 824392, Philadelphia PA 19182-4392 or Fax to: (703) 837-1233. For overnight payment: PNC Bank c/o NHPCO, Lockbox Number 824392, Route 38 & East Gate Drive, Moorestown, NJ 08057. National Hospice and Palliative Care Organization's Federal Tax ID 541096334. Allow up to two weeks for processing. If you have any questions about this application, please call or email the NHPCO Solutions Center at 800-646-6460 or solutions@nhpco.org.

Additional Location Information

Let us know about the other hospice and palliative care service locations your organization operates. If you have more than one subsidiary location, please attach a list of all locations. Be sure to include all of the information requested below if attaching additional locations. You can also add MSDS Subscriptions for added locations using this form. Please add $27.50 per subscription to your MSDSOnline section of the application from.

LOCATION INFORMATION

Location Name

Address

City __________________________ State ______ Zip_______

Phone________________________ Fax________________

Location Contact Person

Location Contact Email

MSDS Contact Person (required)

MSDS Contact Phone __________________________ MSDS Contact Email __________________________

Is this location an inpatient unit or facility? ☐ Facility ☐ Inpatient Unit
NHPCO Members can take advantage of discounted subscriptions with JPSM and MSDS

Whether you are joining or renewing with NHPCO you can add these valuable resources to your membership.

Journal of Pain and Symptom Management (JPSM), is the official Journal of NHPCO! This peer reviewed, internationally respected journal offers a forum for the exchange of ideas and information. Published monthly, the JPSM serves an interdisciplinary audience – providing the results of important new research and clinical practice. By adding a subscription with your membership you pay only $160 compared to the $579 you would pay if subscribing without an NHPCO membership.

Benefits
- Full online access to your subscription and archive of back issues
- Table of Contents alerts
- Access to all multimedia content, e.g. podcasts, videos, slides
- Fully-optimized mobile browsing experience on your smartphone or tablet

For more details, visit www.jpsmjournal.com

MSDS, Safety Data Sheet How much are you spending on your current OSHA safety data sheet requirements? More than $55? If so, NHPCO can help you save! NHPCO’s partner, MSDSonline®, provides an online library of safety data sheets, or SDSs (formerly known as material safety data sheets, or MSDSs). MSDSonline® has millions of safety sheets that contain the information you need to keep your organization safe from dangerous chemicals such as methanol, acetone, hydrochloric acid and millions of other hazardous substances.

The benefits to this online program include:
- OSHA-compliant electronic MSDS management.
- 75% more efficient than paper-based systems.
- Around-the-clock access to the online MSDS database.
- Easy, right-to-know access for all staff & departments.
- Built-in regulatory reports.
- Extensive incident case management and record keeping tools

For more details, visit www.MSDSonline.com