



INVOICE



OKLAHOMA HOSPICE & PALLIATIVE CARE ASSOCIATION
PO Box 1466, Ardmore, OK 73402
Phone: 405.513.8602
WWW.OKHOSPICE.ORG

Section A. Contact Information

Primary Contact*: _____ **Title:** _____
Company: _____ **Medicare Provider Member #:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Email: _____

**Individual who will receive all Provider information from OHPCA, be listed as the as the primary contact on the OHPCA Website and Membership Directory, and serve as Voting Delegate.*

Corporate Office Information (if different from above):

Company Name: _____ **President/CEO:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Section B. OHPCA Provider Dues

OHPCA Provider dues are based on the number of new hospice patients (unduplicated admissions) admitted in the previous calendar year (January 1 to December 31, 2017) for the licensed primary location and all related alternate locations (AAO that share the same NPI number).

Provider dues calculation

- A. Total number of admissions for 2017 for primary location _____
- B. Total number of admission for 2017 for all AAO locations sharing primary hospice license number _____
- C. Add the total of A & B to calculate total admissions _____
- D. Assessment per admission _____ \$5.00 _____
- E. Multiply C x D to calculate (total admission x \$5.00) _____
- F. Minimum Institutional Dues are \$500 per year
(If line E is less than \$500, please pay the minimum institutional dues of \$500) _____
- G. Lobby Fee-assists the OHPCA with legislative efforts without subtracting from the ongoing mission support. _____ \$100.00 _____

Dues Amount Owed

Pay by Credit Card: Visa _____ MasterCard _____ American Express _____

Name on card: _____

Billing Address for card _____

Account Number _____ Expiration Date _____

3 Digit V # (on back of card) _____

Signature _____

Make all checks payable to OHPCA, PO Box 1466, Ardmore, OK 73402

THANK YOU FOR CONTINUED SUPPORT OF THE OHPCA!

