



INVOICE



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

Member Type: Provider * Individual

Section A. Contact Information

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

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

Corporate Office Information (only if different from above) Company: _____
 President/CEO: _____
 Address: _____ City: _____ State: _____ Zip: _____

Section B. OHPCA Provider Dues- Provider dues calculation

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, 2018) for the licensed primary location and all related alternate locations. (AAO that share the same NPI number.)

- A. Total number of admissions for 2018 at primary location _____
- B. Total number of admissions for 2018 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 Provider dues _____
- F. Minimum Institutional Yearly Dues are \$500.00 _____
(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 _____
(all provider members must pay Lobby Fee)

Dues Amount Owed = _____

Individual Memberships are available to physicians, professionals in the industry, individuals in the private sector who are involved with hospice and palliative care, and those who provide services and products to the home health care and hospice sector. Individual members will be the first to learn about sponsorship opportunities with OHPCA at our many events and conferences.

Individual Membership Only \$250.00

Primary Contact: _____ Company: _____

Payment Method: Check ___ Visa ___ Mastercard ___ American Express ___

Name on Card: _____

Billing Address: _____

Card Number: _____ Expiration Date: ___ / ___ Security Code: _____

Signature: _____

Credit card information will be destroyed after receipt.

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

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE OHPCA!