



MEMBERSHIP DUES 2012

Hospice Program Base rate (non-volunteer): \$ 500.00 (Line 1)

Calculating per patient dues:

Patients served from January 1, 2011 to December 31, 2011 _____ x \$5.00 = \$ _____ (Line 2)

Total lines 1 & 2 \$ _____
maximum is \$15,500.00

IMPORTANT NOTE:

If paying your program dues prior to Jan. 1, 2012:

- You can use your Dec. 2010 patient census in place of Dec. 2011 to complete the 12 month period.
- For the remaining months of Jan. – Nov. 2011, you need to report your **total** patients served (Medicare, Medicaid, private insurance, etc.).

If paying your program dues after Dec. 31, 2011:

- Please calculate your **total** patients served (Medicare, Medicaid, private insurance, etc.) for Jan. 1 – Dec. 31, 2011

Please update any incorrect or missing information below

Member ID # _____

Designated Voting Representative with Title: _____

Administrator w/credentials: _____

Administrator Email: _____

Corporate Office: _____

Hospice Program: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website Address: _____

Total # of employees _____ Total # of volunteers _____

Do you have a Hospice Facility/Residence? Yes No In planning stages

***National Hospice & Palliative Care Org. member:** Yes No **(*REQUIRED INFORMATION)**

MHPCO requires dues be paid by January 31, 2012. If your payment will be delayed for any reason, and will not reach our office by January 31, you must return this completed membership form by the January 31 deadline and mark "Check Forthcoming" or "Please Invoice".

Please check one: Check enclosed Check forthcoming Please Invoice

*MHPCO is no longer accepting credit cards for dues payments due to increased processing fees.

Return this form with payment by January 31 to:

Michigan Hospice & Palliative Care Organization
12800 Escanaba Drive Suite E
DeWitt, MI 48820

2012

WHEN PAYMENT IS RECEIVED YOU WILL RECEIVE A CERTIFICATE OF MEMBERSHIP FOR YOUR FILES AS PROOF OF MEMBERSHIP