

**2024 Provider Membership Dues Statement** – please complete all information thoroughly; information provided here will be transferred to your website listing. *If your program has more than 1 location, please complete this form for each location sharing the same provider/license number.*

**Definition of Hospice Provider Member:** Any public or private agency, entity, center, institution or any distinct part of these organizations which is licensed by the state of Washington as a hospice agency or volunteer hospice and provides hospice care. Hospice Provider members have voting responsibilities and privileges.

**Definition of Palliative Care Provider Member:** Any public or private agency, entity, center, institution, which is providing palliative care services and is recognized as a distinct palliative care program and is licensed by appropriate state oversight, if required. Palliative Care Provider members have voting responsibilities and privileges.

Agency Name:

Admin/Director Name:

Email:

Address:

Tel:

City/State/Zip:

Counties Served:

Website:

Cities Served: Please list up to 15 main cities/areas your program serves:

**Please check all the services your program provides:**

Hospice

Inpatient Hospice

Palliative Care

Inpatient Palliative Care

***RATES for 2024: MEMBER DUES CALCULATION INFORMATION***

**Medicare-Certified Hospices** - Calculate the amount due using the following formula per provider number:

Number of admissions between January 1-December 31, 2023 multiplied by \$5.50 **plus flat fee of \$500**. *Example: your program had 75 patient admits for calendar year 2022. Multiply 75 x \$5.50 = \$412.50. Add \$500 flat fee to patient admits for total fee of \$912.50. **Programs with annual admissions of 52 or fewer: pay flat fee of \$500.** Hospice programs also offering palliative care services pay the \$500 flat fee once, plus \$5.50 per patient admit.*

Please submit paperwork and payment for each provider number if your program has multiple locations/branches.

Number of patients admitted in 2022 x \$5.50 =:

Plus \$500 flat fee = Total:

**Volunteer Hospices** – flat fee of \$500

**State-Licensed Hospices** – flat fee of \$500

**“Stand Alone” Palliative Care Programs (not affiliated with a hospice program)** – flat fee of \$500

**RURAL Palliative Care Programs NOT affiliated with a member hospice program** – flat fee of \$400

**PAYMENT INFORMATION** (checks and credit cards accepted). *You may also renew and pay securely online at <https://wshpco.org/provider-membership-form-updated/>*

Check

Credit Card #:

Name on Credit Card:

Billing Address:

City/State/Zip:

Exp. Date:

Vcard #:

Signature:

**Make checks payable to WSHPCO. Send your Provider Membership forms and payment to:**  
WSHPCO • P. O. Box 361 • Camas, WA 98607 • [mccauley@wshpco.org](mailto:mccauley@wshpco.org) • Direct/Cell: 503.890.7027

**STAFF CONTACTS** WSHPCO membership extends to the entire staff of the member organization. Members receive information, notices and access to various networking groups, list-serves, the weekly eNews, education and conference materials. Please let us know if there are changes to your information to ensure you receive important and timely information. Thank you!

Please add the following staff members (first/last name, email address job title) to WSHPCO's QAPI/Regulatory networking group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Inpatient Hospice Directors & Managers networking group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Hospice Medical Directors networking group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Volunteer Coordinators networking group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Public Policy group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's PR, Marketing & Development networking group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Palliative Care networking group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Pediatric Palliative Care networking group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Billers group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Bereavement Coordinators group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Social Workers group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Spiritual Care Coordinators group:

Please add the following staff members (first/last name, email address job title) to WSHPCO's Physicians, NPs group (**not Hospice Medical Directors**):

Please add the following staff members (first/last name, email address job title) to those interested in a Health Equity networking group:

