



"To foster, advocate for, and promote quality hospice and palliative care."

WSHPCO • P. O. Box 361 • Camas, WA 98607 • 253.661.3739

2021 Provider Membership Dues Statement – please complete all information thoroughly; information provided here will be transferred to your website listing.

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 attach separate sheet if too many cities to list here):

Please check if your agency provides BOTH hospice AND palliative care services:

For Medicare-Certified Hospices - Calculate the amount due using the following formula per provider number:
 Number of Admissions from January 1 through December 31, 2020 multiplied by \$5.00. Programs with multiple sites are to include the main office and all branches for a total census. **Minimum Dues Payment is \$300.**

Number of patients admitted in 2020:

Multiplied by \$5.00 =

Total:

For Volunteer or State-Licensed Hospices and Palliative Care Programs (please check) – Annual dues = \$300

Volunteer Hospice

State-licensed Hospice

Palliative Care Program

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

Credit Card #:

Check

Name on Credit Card:

Billing Address:

City/State/Zip:

Exp. Date:

Vcode #:

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 • 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!

Hospice/Palliative Care Leader, Director (automatically added to WSHPCO <u>Member Providers</u> + <u>QAPI/Regulatory</u> networking groups)				
Name(s)	E-Mail Address(es)	Optional: Add to Networking Groups (please check)		
		<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care
		<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care
Hospice Medical Director (automatically added to Member WSHPCO + Oregon Hospice & Palliative Care Organization (OHPCA) <u>Medical Directors</u> networking group)				
Name(s)	E-Mail Address(es)	Optional: Add to Networking Groups (please check)		
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care	
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care	
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care	
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care	
Hospice Volunteer Coordinator (automatically added to Member WSHPCO + OHPCA <u>Volunteer Coordinators</u> networking group)				
Name(s)	E-Mail Address(es)	Optional: Add to Networking Groups (please check)		
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care	
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care	
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care	
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care	
Hospice/Palliative Care QAPI/Regulatory Coordinator (automatically added to WSHPCO <u>QAPI/Regulatory</u> networking groups)				
Name(s)	E-Mail Address(es)	Optional: Add to Networking Groups (please check)		
		<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care
		<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care

Hospice/Palliative Care Clinical Contact (primary contact person, Patient Care Coordinator)			
Name(s)	E-Mail Address(es)	Optional: Add to Networking Groups (please check)	
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care
Hospice/Palliative Care Biller			
Name(s)	E-Mail Address(es)	Optional: Add to Networking Groups (please check)	
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care
Hospice/Palliative Care Social Worker			
Name(s)	E-Mail Address(es)	Optional: Add to Networking Groups (please check)	
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care
		<input type="checkbox"/> QAPI/Regulatory	<input type="checkbox"/> Palliative Care
		<input type="checkbox"/> Public Policy	<input type="checkbox"/> Pediatric Palliative Care

ADDITIONAL GROUPS, STAFF – Please add the additional staff persons to the following distribution lists:

Inpatient Hospice Directors, Managers Networking Group		
<i>Name(s)</i>	<i>E-Mail Address(es)</i>	<i>Job Description/Title</i>
QAPI/Regulatory Networking Group		
<i>Name(s)</i>	<i>E-Mail Address(es)</i>	<i>Job Description/Title</i>
Palliative Care Networking Group		
<i>Name(s)</i>	<i>E-Mail Address(es)</i>	<i>Job Description/Title</i>
Pediatric Palliative Care Networking Group		
<i>Name(s)</i>	<i>E-Mail Address(es)</i>	<i>Job Description/Title</i>
Public Policy Networking Group		
<i>Name(s)</i>	<i>E-Mail Address(es)</i>	<i>Job Description/Title</i>