###### 2024 MHPCA Membership Form

**TO: «Program»**

**ADDRESS: «Address» «City» «State» «Zip»**

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| ***Provider Member*** *-* Provider Members shall be any organization **licensed** by their state or certified by Medicare to provide hospice care. Membership is based on Medicare Provider #. Each provider number must be a separate membership. Full voting rights. | | | | ***$*** |
| **Minimum Dues $500.00 - Maximum $9,000.00** | | | |
| *Total # of patients served in 2023 per DHSS Hospice Statistical Report (Line 40 total patients served from all payor sources) NOTE minimum and maximum dues above.* | | | *# pts. x $9.00 =*  *Amount owed* |
| ***Palliative Care Member*** *-* shall be a provider of Palliative Care that is not a hospice program provider. Full Voting Member. | | | ***$500.00*** | ***$*** |
| ***Associate Member*** *-* shall be any association or institution which **is not** eligible for membership as a Provider Member, but which supports the purpose of MHPCA (This could be any organization which is developing a hospice program or an association or a vendor.) Non-voting member*.* | | | | ***$*** |
| *Associate Member (only for non-hospices)* | | | ***$650.00*** |
| ***Individual Member*** - Individual Members shall be any person interested in the hospice concept of care. Non-voting member. | | | | ***$*** |
| *Hospice or Palliative Care Affiliated*  *Non-Hospice or Palliative Care Affiliated* | | | ***$175.00***  ***$125.00*** |
|  | **Late Fee After March 1, 2023** | | | **$500.00** |
|  | **Donation to Butterfly Hospice Shop** | | | **$** |
|  | **Donation to Prison Hospice Program** | | | **$** |
|  | **Donation to Veteran’s Program** | | | **$** |
|  | **TOTAL DUE** | | | ***$*** |
| **Please verify directory listing:**  **Program**:  **Phone: «Phone» Fax: «Fax»**  **Website: «Website»**  **Hospice Administrator:**  **Administrator E-Mail Address**: «Email»  **Administrator Cell #**:«Administrator\_Cell»  **Administrator Direct Phone**: «Adm\_Direct\_Phone»  **Nurse:** «Nurse»  **Email Address**: «Nurse\_Email»  **Social Worker:** «Social\_Worker»  **Social Worker Email:** | | | **Chaplain:** «Chaplain»  **Email Address:** «Chaplain\_Email»  **Medical Director:** «Medical\_Director»  **Email Address:** «Med\_Dir\_Email»  **Area Served**:  **Satellite Offices:**  **Profit or Non-Profit:** «Profit\_or\_Non\_Profit»  **County:** «County»  **Medicare License** «Medicare\_ID» | | | |

1.1% of MHPCA dues goes toward lobbying efforts. After March 1, 2024, there is a $500 late fee applied.

Form must be returned with payment to:

Missouri Hospice & Palliative Care Association

P.O. Box 105318

Jefferson City, MO 65110