



# Oregon Hospice Association Directory Form

The Oregon Hospice Association maintains an on-line directory of all operating and developing hospice providers and end of life care providers in the State of Oregon. The directory is published on the Oregon Hospice Association website, [www.oregonhospice.org](http://www.oregonhospice.org) under the "Find a Provider" tab. The directory is provided as a public service to the community and as a benefit to Oregon's hospice and end of life care providers.

Please complete the form below and return it to: [mccauley@oregonhospice.org](mailto:mccauley@oregonhospice.org) or by fax to 503.222.4907. Please contact OHA if there are changes to your program's information, since the list is updated on a regular basis.

Program name:		<input type="checkbox"/> Hospice Program
		<input type="checkbox"/> Palliative Care Program
		<input type="checkbox"/> Correctional Facility Program
Mailing address:		
Physical address (if different from mailing address):		
City/State/Zip:		
Telephone:	Fax:	
Program Director/Administrator:	E-mail address:	
Contact person (if different):	E-mail address:	
Website:		
Counties served: (Please list all that apply.)		
<input type="checkbox"/> Developing hospice services	Anticipated opening date:	
<b>CERTIFICATION, LICENSURE AND ACCREDITATION</b> (please check all that apply):		
<input type="checkbox"/> Medicare Certified	<input type="checkbox"/> Licensed State: _____	
<b>ACCREDITED BY:</b>		
<input type="checkbox"/> Oregon Hospice Association	<input type="checkbox"/> Joint Commission	
<input type="checkbox"/> CHAPS	<input type="checkbox"/> ACHC	
<input type="checkbox"/> Other (name)		
<b>OWNERSHIP</b>		
<input type="checkbox"/> Hospice corporate chain	<input type="checkbox"/> Managed care/HMO	<input type="checkbox"/> Integrated healthcare system
<input type="checkbox"/> Continuing care retirement community	<input type="checkbox"/> Division of a prison	<input type="checkbox"/> Independent
Corporate name/affiliation/ownership:		
Location of corporate offices (city/state):		



# Professional Provider, Associate & Individual Membership Invoice

**Membership Period: 7/1/11 through 6/30/12**

**Membership Categories (please check one):**

**PROFESSIONAL PROVIDER MEMBER** with voting rights and privileges.

Professional Provider Members are corporations, agencies, or divisions who provide hospice and/or palliative care under a single CMS Provider Identification Number (including identified multiple locations).

**Dues Calculation: \$200 per year plus \$4 per 2010 patient death**

Dues = (total number of hospice and/or palliative care patient deaths in 2010 x \$4) + \$200

\_\_\_\_\_ Number of Oregon patients who died receiving hospice and/or palliative care services in 2010.

\$\_\_\_\_\_ is enclosed

**ASSOCIATE MEMBER**

Associate Members are corporations, organizations, agencies, divisions, or out of state hospice providers that have an interest in hospice and palliative care or are developing hospice services.

**Dues: \$300 per year**

\$\_\_\_\_\_ is enclosed

**INDIVIDUAL MEMBER**

Individuals Members are individuals that have an interest in hospice and palliative care.

**Dues: \$50 per year**

\$\_\_\_\_\_ is enclosed

*Membership dues are assessed annually. Payment in full is requested by August 31, 2011. Please submit this form and payment to the address below. Thank you!*



# Provider Member Staff Contacts

Oregon Hospice Association membership extends to the entire staff of the member organization. Oregon Hospice Association members receive information, notices and access to various list-serves. Please provide us with your staff member information so we can update our e-mail distribution lists and provide timely information to your team. Thank you!

<i>Group</i>	<i>Name(s)</i>	<i>E-Mail Address(es)</i>
<i>Hospice &amp; Palliative Medicine Provider (medical director, hospice physician, nurse practitioner)</i>		
<i>Patient Care Coordinator/Nurse Manager</i>		
<i>Social Worker</i>		
<i>Bereavement Coordinator</i>		
<i>Volunteer Coordinator</i>		
<i>Spiritual Care Coordinator</i>		
<i>Hospice Biller</i>		
<i>QAPI Coordinator</i>		
<i>Other (please specify)</i>		