



902 Ash Street, Suite 200, Winnetka, IL 60093, 847 441 7200 • info@il-hpco.org • www.il-hpco.org

Member Information

Name of Organization:

Address:

City/State/Zip:

Phone: Fax: E-mail:

Name of CEO/Executive Director

Title:

Business Address:

City/State/Zip:

Business Phone: Business Fax: Business E-mail:

List counties you serve which will be used for our Consumer Hospice Locator on www.il-hpco.org (identify a portion of a county with an asterisk*):

As a member of IL-HPCO, I consent to the use of my e-mail address for receipt of organization notices and newsletters. (initials).

*Provider Member Dues (CURRENT)

(# of Admissions/Readmissions x \$7 = \$)

\$7.00 per admission for previous year. Dues period is from January 1st through December 31st. IL HPCO is basing dues on previous year admissions, unless your admissions have declined, then we honor a lower rate for dues billing, and you will need to contact IL HPCO at pcramer@il-hpco.org, or call 847.441.7200

*Provider Member Dues (NEW)

(# of Admissions/Readmissions x \$7 = less: 25% = \$)

\$7.00 per admission, with a one-time 25% discount for new members. If provider has multiple provider numbers or program sites, fee is assessed on all admission in the state of IL. Fees are capped at \$25,000.

Please consider an additional contribution to support the work of IL-HPCO, a 501c (3) organization. \$

Method of Payment: (Please select one)

Amount Authorized to Charge: \$

Check American Express Discover MasterCard Visa

Credit Card Number: Expiration Date: Security Code # (3-4 digit # on card)

Name on Card: (Please Print)

Billing Address for Card:

City State Zip

By signing I authorize the Illinois Hospice & Palliative Care Organization to charge the above credit card for the amount listed above.

Authorized Signature:

For others to receive IL-HPCO updates (mailings, e-news, and special announcements) in addition to the contact above, enter staff information here:

Name	Title	Phone Number	Email
	Primary Contact		
	Hospice Director/President		
	Medical Director		
	CFO/Finance Manager		
	Clinical VP/Manager/Director		
	Operations/Purchasing Manager		
	Marketing/PR/Development		
	Compliance Officer		
	Patient Care Coordinator		
	Social Work Coordinator		
	Bereavement Coordinator		
	Spiritual Care Coordinator		
	Volunteer Coordinator		
	Education Coordinator		
	Legislative Contact Person (LCPs) Grass Root Legislative		
	Other:		
	Other:		

Return this form and payment to: Illinois Hospice and Palliative Care
902 Ash Street, Suite 200
Winnetka, IL 60093

**If you have any questions or comments, please feel free to contact IL-HPCO Membership
by phone 847.441.7200 or email pcramer@il-hpco.org**