



4253 North Springfield Ave. Chicago, IL 60618, 847.274.6360 • [maj347@aol.com](mailto:maj347@aol.com) • [www.il-hpco.org](http://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](http://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 2023 year. Dues period is from January 1<sup>st</sup> through December 31<sup>st</sup>. IL HPCO is basing dues on 2022 admissions, unless your admissions have declined, then we honor a lower rate for dues billing, and you will need to contact IL HPCO at [alexa@frontlineco.com](mailto:alexa@frontlineco.com), or call (217) 528-3434.

**\*Provider Member Dues (NEW)**

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

\$7.00 per admission, with a one-time 25% discount for 2023 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 \$20,000.

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

**Method of Payment:**

Mail Check to IL-HPCO:  
4253 North Springfield Ave.  
Chicago, IL 60618

Make payment online by clicking [HERE!](#)

Call (847)274.6360 for Credit Card payment by phone.

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

<b>Name</b>	<b>Title</b>	<b>Phone Number</b>	<b>Email</b>
	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: [maj347@aol.com](mailto:maj347@aol.com) or visit our website at [il-hpco.org](http://il-hpco.org) to pay online.

If you have any questions or comments, please feel free to contact IL-HPCO Membership by phone 847.274.6360 or email [maj347@aol.com](mailto:maj347@aol.com)