2023 MHPCA Membership Form

TO:

ADDRESS:

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Description</th>
<th>Minimum Dues</th>
<th>Maximum Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Member</strong></td>
<td>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.</td>
<td>$500.00</td>
<td>$9,000.00</td>
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<tr>
<td><strong>Palliative Care Member</strong></td>
<td>shall be a provider of Palliative Care that is not a hospice program provider. Full Voting Member.</td>
<td>$500.00</td>
<td></td>
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<tr>
<td><strong>Associate Member</strong></td>
<td>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.</td>
<td>$650.00</td>
<td></td>
</tr>
<tr>
<td><strong>Individual Member</strong></td>
<td>Individual Members shall be any person interested in the hospice concept of care. Non-voting member.</td>
<td>$175.00</td>
<td></td>
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<tr>
<td><strong>Hospice or Palliative Care Affiliated</strong></td>
<td>$125.00</td>
<td></td>
<td></td>
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<tr>
<td><strong>Non-Hospice or Palliative Care Affiliated</strong></td>
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Minimum Dues $500.00 - Maximum $9,000.00

Total # of patients served in 2022 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 $%

Please verify directory listing:

Program:
Phone: Fax:
Website:
Hospice Administrator:
Administrator E-Mail Address:
Administrator Cell #:
Administrator Direct Phone:
Nurse:
Email Address:
Social Worker:
Social Worker Email:

If you have additional office sites that you want listed on the MHPCA website, send information on that site along with your membership renewal. No additional charge for the listing. 1.3% of MHPCA dues goes toward lobbying efforts.

Form must be returned with payment to:
Missouri Hospice & Palliative Care Association
P.O. Box 105318
Jefferson City, MO 65110