

**The Carolinas Center for Hospice & End of Life Care
Discounted Membership
Hospice Compliance Network**

Return this completed form to HCN offices. **Make checks payable to Summit Business Group, LLC**, and mail to Summit Business Group, LLC. Visa and Master Card also accepted.

Name	Telephone
Title	
Hospice	Fax
Address	Email Address
City/State/Zip	Address of Credit Card Holder if Different
Credit Card Number	City/State/Zip

How did your hear about us?
 Web E Mail Mailing State Org. Referral from: _____

1.	Hospice Compliance Network Base Membership (1 provider number)	*\$110.00
	<i>1 a. Base membership without Guidance Line (\$25.00 per additional provider number)*</i>	\$ _____
2.	Optional Hospice Guidance Line (Fraud Hotline)(\$100.00)	\$ _____
	<i>2 a. Additional Guidance Line service (\$75.00 per additional provider number, Includes the additional base membership)**</i>	\$ _____
	Total	\$ _____

*This \$40 discount is available to state association members only.

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