

Illinois Hospice & Palliative Care Organization 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 <input type="checkbox"/> E Mail <input type="checkbox"/> Mailing <input type="checkbox"/> State Org. <input type="checkbox"/> Referral from: _____																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.</td> <td style="width: 70%;">Hospice Compliance Network Base Membership (1 provider number)</td> <td style="width: 20%; text-align: right;">*\$90.00</td> </tr> <tr> <td></td> <td> 1 a. Base membership without Guidance Line (\$25.00 per additional provider number)*</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2.</td> <td>Optional Hospice Guidance Line (Fraud Hotline)(\$100.00)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td> 2 a. Additional Guidance Line service (\$75.00 per additional provider number, Includes the additional base membership)**</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Total</td> <td style="text-align: right;">\$ _____</td> </tr> </table>		1.	Hospice Compliance Network Base Membership (1 provider number)	*\$90.00		1 a. Base membership without Guidance Line (\$25.00 per additional provider number)*	\$ _____	2.	Optional Hospice Guidance Line (Fraud Hotline)(\$100.00)	\$ _____		2 a. Additional Guidance Line service (\$75.00 per additional provider number, Includes the additional base membership)**	\$ _____	Total		\$ _____
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Total		\$ _____														
*This 40% discount is available to state association members only.																
<p>Hospice Compliance Network A Service of Summit Business Group, LLC PO Box 130 Penfield, New York 14526 866.229.0132 Fax 585.671.8553</p>																