

Illinois Hospice & Palliative Care Organization

Discounted Membership for 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 _____

1. Hospice Compliance Network Base Membership*	\$90.00
1 a. <i>Additional base membership without Guidance Line (\$25.00 per additional site)*</i>	\$ _____
2. Optional Hospice Guidance Line (Fraud Hotline) (\$100.00)	\$ _____
2 a. <i>Additional Guidance Line service (\$75.00 per additional site, Includes the additional base membership)**</i>	\$ _____
Total	\$ _____

*This 40% discount is available to IL-HPCO members only.

*Contact information is required for each "additional site." Please include Name, Title, Address, Telephone, Fax and Email address for each additional site on a separate page.

Hospice Compliance Network
A Service of Summit Business Group, LLC
PO Box 130
Penfield, New York 14526
800.689.6747