

**Nebraska Hospice & Palliative Care Partnership  
Affinity Membership for  
Hospice Compliance Network**

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

Name _____	Telephone _____
Title _____	Fax Number _____
Hospice _____	Credit Card Number _____
Address _____	Expiration Date _____
City/State and Zip _____	Address of Credit Card Holder if Different _____
Email Address _____	City/State and Zip _____
<b>1. Hospice Compliance Network Base Membership*</b>	\$90.00
<b>1.a. Additional base membership without Guidance Line</b> <i>(\$25.00 per additional site)</i>	\$ _____
<b>2. Optional Hospice Guidance Line (Fraud Hotline) (\$100.00)</b>	\$ _____
<b>2.a. Additional Guidance Line service (\$75.00 per additional site, includes the additional base membership.)</b>	\$ _____
<b>Total</b>	\$ _____
*This 40% discount is available exclusively to NHPCP members	
<b>Hospice Compliance Network</b> <i>A Service of Summit Business Group, LLC</i> <b>PO Box 130</b> <b>Penfield, NY 14526</b> <b>800.689.6747</b> <b>Fax 585.671.8553</b>	