



JOIN TODAY

Return this completed form to HCN offices. **Make checks payable to Summit Business Group, LLC**, and mail or fax 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
_____ Expiration Date	
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: _____	
1. Hospice Compliance Network Base Membership (single provider number)	\$150.00
1 a. <i>Additional base membership without Guidance Line (\$25.00 per additional provider number)</i>	\$ _____
2. Optional Hospice Guidance Line (Fraud Hotline) (\$100.00) (single provider number)	\$ _____
2 a. <i>Additional Guidance Line service (\$75.00 per additional provider number, Includes the additional base membership)</i>	\$ _____
Total	\$ _____
Hospice Compliance Network A Service of Summit Business Group, LLC PO Box 130 Penfield, New York 14526 866.229.0132 Fax 585.671.8553	