

Please complete and return one form and dues payment **per parent office.**

1. Hospice Information

Hospice Name					
TN License #			Provider #		
Address			Phone		
City			State	ZIP	
Website address					

Branches and addresses under this provider number (more than 3 branches use the next page)

Branch city _____
 Branch director _____ Director e-mail _____

Branch city _____
 Branch director _____ Director e-mail _____

Branch city _____
 Branch director _____ Director e-mail _____

2. Dues Calculation

Use aggregate patient totals for parent location plus associated branches.

Total Patients Admitted in 2019	X	Per Patient Assessment	=	2020 TNHPCO Dues Amount*
		\$4.00		

*TNHPCO requires an annual **minimum** dues amount of **\$300** and a **maximum** of **\$3,500 per parent office.**

Make checks payable to THO and return with a copy of this completed form to the address below.
 Payment and information should be submitted by **April 30, 2020.**

Tennessee Hospice and Palliative Care Organization
 P.O. Box 331132, Nashville, TN 37203

3. Contact Information

To better serve you, please provide the requested contact information below. This information will be used only by THO and will not be shared with outside entities.

Title	Name	E-mail	Phone
Administrator			
Clinical Director			
Medical Director			
Palliative Director, HVP Coordinator			
Volunteer Director			

For Office Use Only:

Received Date: ____/____/____ Payment Processed: ____ Database Updated: ____ Email Sent: ____

Website log-in/password: ____ Active on website: ____ Website directory up-to-date: ____

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