

Hospice Name: _____ Date _____

Telephone _____

Fax _____

Address _____

City / State / Zip _____

HCN Primary Contact Person _____

Email _____

Title _____

Provider # _____

HCN Alternate Contact Person _____

Email _____

Title _____

Business Associate Agreement attached
 YES NO (*membership not active until BAA received*)

How did you hear about us? Web Email Mail State Org Referral/Other: _____ We're renewing!

HCN Membership \$1250

Services include:

- Compliance Hotline
- Monthly HCN Webinar Series
- Quarterly Roundtable
- Podcasts
- 25% Discount on select Weatherbee Products
- 15% Discount on Boot Camp
- HCN Forum
- Regulatory & Consulting Reference Center
- Forum Resource Library
- *Hospice Compliance Letter* archives



Price shown is for a one-year membership for one location/provider number. Call for multi-site hospice pricing.

TOTAL DUE: \$ _____

Please list additional provider numbers, hospice name, address, and contact information on a separate sheet.

Check (**payable to Weatherbee Resources**) and mailed to 14 E Church St, Headland, AL 36345

Charge \$1,250 now Sign up for \$105 monthly payment (auto-renewing)

Credit card: Amex MC Visa

Number: _____ Exp: _____ Code: _____

Name on Card: _____

Hospice Compliance Network
A Service of Weatherbee Resources

Mail: 14 E Church St, Headland, AL 36345 | Phone: (866) 969-7124 | Email: info@hospicecompliance.com