# Order, Join, Register Today!

Hospice Name _____ Date _____

Shipping Street, City, State Zip _____

Contact Person's Name _____

Email _____

Telephone _____ Fax _____

| Qty | Item | Price | Total |
|---|---|---|---|
| | Contract: Business Associate Agreement *(price for one location)* | $250 | |
| | Contract: General Inpatient Care *(price for one location)* | $250 | |
| | Contract: Inpatient Respite Care *(price for one location)* | $250 | |
| | Contract: Skilled Nursing Facility / Nursing Facility Resident *(price for one location)* | $250 | |
| | Contract: Medical Director *(price for one location)* | $250 | |
| | Contract: Hospice Physician *(price for one location)* | $250 | |
| | Contract Set: All Six (6) Contracts *(save $250) (price for one location)* | $1,250 | |
| | Hospice Policies & Procedures: All 3 volumes *(save $385 / call for multi-location pricing on all P&P manuals)* | $1,100 | |
| | Hospice Policies & Procedures: Administration | $495 | |
| | Hospice Policies & Procedures: Human Resources | $395 | |
| | Hospice Policies & Procedures: Patient Care | $595 | |
| | Hospice Regulatory Policies & Procedures | $695 | |
| | Policies & Procedures Updates Two-Year Subscription *(must have previously purchased policies & procedures)* | $150 | |
| | * Benefit Period Calculator Sheet *(for orders of 10 or more, call for pricing)* | $8.99 | |
| | * LCD Guidelines Pocket Pal ... includes assessment tools *(durable / sold in packs of 10)*<br>VERSION: ☐ CGS ☐ WELLPOINT ☐ PGBA | $100 | |
| | Hospice Compliance Network Annual Membership ... includes Hotline, webinars, Atlas, etc. *(call for multi-location pricing)* | $1,250 | |
| | Hospice Compliance Hotline Annual Subscription *(send Business Associate Agreement with order form)* | $395 | |

Hospice Compliance Network Monthly Webinars, visit https://education.hospicecompliance.com/

**Education Events**

See the entire list of our compliance-centric courses at: https://education.hospicecompliance.com

**Hospice Regulatory Boot Camp**

For more information and to register, visit: www.weatherbeeresources.com/boot-camps

**All orders must be pre-paid**

☐ **CHARGE** my credit card: ☐ Amex ☐ MasterCard ☐ Visa

Exp Date: _____ Security Code: _____

Card Billing Zip Code: _____

Name on Card: _____

Order subtotal: _____

Discount: _____

*Call for information! HCN members 10% off product orders of $200 or more!*

* Shipping & Handling: _____

*Add $2.25 for Benefit Period Calculator Sheets*

*LCD Pocket Pals $13 (1-6 packs) or $19 (7+ packs)*

Total due: _____

☐ **CHECK** enclosed payable to: Weatherbee Resources, mailed to P.O. Box 358, Headland, AL 36345

**To Order:**

**Email:** orders@weatherbeeresources.com **Online:** www.weatherbeeresources.com/products

**Call:** (866) 969-7124 (Mon - Fri, 9 to 5 ET) **Fax:** (508) 778-8899 **Mail:** P.O. Box 358, Headland, AL 36345

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