

Hospice / Individual's Name _____ Date _____

Telephone _____

Fax _____

Address _____

City / State / Zip _____

Hospice HCN Primary Contact Person _____

Email _____

Title _____

Provider # _____

Hospice HCN Alternate Contact Person _____

Email _____

Title _____

Business Associate Agreement attached
 YES NO (*membership not active until BAA received / not applicable for Individual membership*)

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

HCN Membership \$1,750

- Services include:
- Compliance Hotline
 - Monthly HCN Webinar Series
 - Hospice Market Atlas™
 - Quarterly Roundtable
 - 10% Discount on select Weatherbee Products
 - 10% Discount on Boot Camp
 - HCN Forum
 - Regulatory & Consulting Reference Center
 - Consulting, FQ, and Tip Sheets
 - Form Resource Library



First Year Membership \$1,000 special

Price shown above is for a one-year membership for one location / provider number. Additional location / provider pricing:

Use separate sheet for Provider #s, hospice name and address / \$150 per location X _____ locations = \$ _____

Individual HCN Membership \$855 *

(* Excludes Compliance Hotline, Atlas, Quarterly Roundtable, Weatherbee Product Discounts)

TOTAL DUE: \$ _____

Check (**payable to Weatherbee Resources**) and mailed to PO Box 358, Headland, AL 36345

Charge Credit Card: Amex MC Visa

Number: _____ Name on Card: _____

Exp MM/YY: _____ Code: _____

Hospice Compliance Network
A Service of Weatherbee Resources
 Mail: PO Box 358, Headland, AL 36345 | Phone: (866) 969-7124 | Email: info@hospicecompliance.com