

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     Mail     State Org     Referral/Other: \_\_\_\_\_     We're renewing!

**HCN Membership \$1,250**

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 Corner FAQs and Tip Sheets
- Forum Resource Library



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