



Please verify the information we have is correct and updated. Payment for 2021 dues should be based on the calculation on page 2. Payment must be sent with this form.

Provider membership application

The annual membership term begins Jan. 1 and ends Dec. 31. Memberships will be terminated April 1 if dues are unpaid. Complete this information and return with your payment.

Contact information

Organization _____ Medicare provider No. _____
 Address _____ City _____ State _____ ZIP _____
 Telephone _____ Fax _____
 Agency administrator or director _____ Email _____
 Chief financial officer _____ Email _____
 Services provided Hospice Hospice facility or unit Palliative care
 Last year's dues paid:

If your record needs updated, complete the correct information below:

Organization _____ Medicare provider No. _____
 Address _____ City _____ State _____ ZIP _____
 Telephone _____ Fax _____
 Agency administrator or director _____ Email _____
 Chief financial officer _____ Email _____
 Services provided Hospice Hospice facility or unit Palliative care

Please answer these questions:

What type of care does your organization provide? Inpatient Outpatient Inpatient and outpatient
 Does your hospice operate a hospice residential facility? Yes No
 Is your hospice a member of the National Hospice and Palliative Care Organization? Yes No



Hospice & Palliative Care
ASSOCIATION OF IOWA

How to calculate your organization's dues

Provider dues are based on the total hospice patient days for the last fiscal year under a single Medicare provider number. The minimum dues for an organization are \$450 and the maximum dues per organization including multiple locations are \$7,500. Dues for palliative care programs are \$450.

- Calculate dues based on the most-recently completed fiscal year.
- The number of patient days includes patient days counted under a single CMS Iowa provider identification number.
- The number of patient days for hospices with multiple locations should include patient days from all locations.
- If your hospice had 4,090 or fewer patient days in your last fiscal year, your agency pays the **minimum** dues of \$450.
- **Maximum** dues payment for an entire agency and all locations is \$7,500.
- Dues for providers that **only** provide palliative care services are \$450. **NOTE: This applies to palliative care programs that operate in a hospital or other health care setting and provide for or plan specialized care to patients with advanced or serious illnesses and their families.**

Enter the number of hospice patient days regardless if your agency's total hospice patient days are above or below the maximum. If you have questions, call Cindy Schultz at 515-243-1046, ext. 335.

Provider name	City	Medicare provider ID no.	Total patient days	Multiply total patient	Sum of previous column or a maximum of \$7,500
Subtotal					
Are you only a palliative care provider? If so, please write \$450. If not, leave blank.					
Total enclosed					
Minimum total is \$450 and maximum total \$7,500					

Mail completed form and payment to:

HPCAI
100 E. Grand Ave., Suite 120
Des Moines, IA 50309

FOR HPCAI USE ONLY:

Date received: _____ Amount of check: _____ Check No. _____