



Oklahoma Hospice & Palliative Care Association

P.O. Box 1466, Ardmore, OK 73402

Phone: 405-985-9197

WWW.OHPCA.ORG

2026 MEMBERSHIP INVOICE

Provider/Agency Member

Section A. Contact Information

Primary Contact: _____	Phone: _____
Title: _____	Email: _____
Secondary Contact: _____	Phone: _____
Title: _____	Email: _____
Company Name: _____	Medicare Provider Member # _____
Address: _____ City: _____ State: _____ Zip: _____	

**Individual who will receive all Provider information from OHPCA, be listed as the primary contact on the OHPCA Website and Membership Directory and serve as Voting Delegate.*

Corporate Office Information (if different from above) Company: _____

President/CEO: _____ Address: _____

City: _____ State: _____ Zip: _____

Section B. OHPCA Provider Dues- Provider dues calculation

OHPCA Provider dues are based on the number of *new hospice patients* (unduplicated admissions) admitted in the previous calendar year (January 1 to December 31, 2024) for the licensed primary location and all related alternate locations. (AAO that share the same NPI number.)

- A. Total number of admissions* for 2024 at primary location _____
* For Hospice Agencies that have 60 admissions/year or less the fee is \$300.
- B. Total number of admissions for 2024 for all AAO locations sharing primary hospice license number _____
- C. Add the total of A & B to calculate total admissions _____
- D. Assessment per admission \$5.00
- E. Multiply (C x D) to calculate Provider dues _____
- F. Lobby Fee – assists the OHPCA with legislative efforts without subtracting from the ongoing mission support. \$100.00
(all provider members must pay Lobby Fee)

Dues Amount Owed = _____

Payment information on the back side of the form

Section C. Payment information

Company: _____

Payment Method: Check Visa Mastercard American Express

Name on Card: _____

Billing Address: _____

Card Number: _____ Expiration Date: ___/___ Security Code: _____

Signature: _____ Date _____

Credit card information will be destroyed after receipt.

Make all checks payable to: OHPCA

Send Check to: OHPCA PO Box 1466

Ardmore, OK 73402

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE OHPCA!

Please contact Marta Sullivan @ martasullivan64@gmail.com with any questions.