

2026 AHPCO Provider Membership Application



The mission of the AHPCO is to increase access to quality end of life care through advocacy, education and collaboration one patient at a time.

AHPCO embraces these values:

- 1. As hospice and palliative care providers, we advocate for patients, working to ensure ALL people have access to high quality end-of-life care. As an organization, AHPCO advocates on behalf of providers to remove barriers to care and provide a voice for all hospice and palliative care providers in relation to regulatory bodies, medical communities, payor sources and other entities impacting hospice care.**
- 2. AHPCO provides hospice and palliative care education so that people in Alabama can make an informed choice regarding end-of-life care. AHPCO provides members continuing educational resources.**
- 3. AHPCO is committed to providing a collaborative environment among organizational members.**

AHPCO values the involvement of all Alabama hospice and palliative care providers. Only together will there be one united voice for Alabama's hospice and palliative care industry. The 2026 Board of Directors encourages your company to become an active member of AHPCO.

Membership Benefits:

- Each company (regardless of the number of branches) has one voting seat on the Board of Directors
- Part of the unified voice of Alabama's Hospice industry
- Have advocacy via AHPCO's committees
- Have access to other hospice professionals for networking.
- Have access to high quality conferences at discounted prices.
- Be listed in the 2026 AHPCO Membership directory (if application received by 2/1/26)
- Membership includes one, three-day registration to the AHPCO Annual Conference (hotel not included).
- Receives state level advocacy with legislative body, ADPH, SHPDA, and Medicaid.
- Receives national advocacy through the Alliance for Care at Home's Council of States.

AHPCO memberships are for one calendar year, beginning January 1 and expiring annually on December 31. **AHPCO is offering a 2% discount for applications paid in full and received by February 1, 2026.** Please **Fill out all sections completely**. For questions regarding this application, please email admin@alhospice.org.

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Section One – Company/Agency Information

This information may be used including but not limited to providing data as requested by state government agencies

A. Corporate or Parent Company Office Information (please complete whether you are responding from corporate office or branch office)

Company/Parent /Agency Name:			
Company/Parent CEO or other preferred contact:			
Email address:			
Physical Address:			
City/State/ZIP:			
Mailing Address:			
City/State/ZIP:			
Telephone:		Fax:	
Website:			

B. Branch Office Contact Information (If multiple branches please provide a list of branches with contacts along with the completed membership form)

Branch /Agency Name:			
Branch preferred contact:			
Email address:			
Physical Address:			
City/State/ZIP:			
Mailing Address:			
City/State/ZIP:			
Telephone:		Fax:	
Website:			

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C. Representative to serve on the Board of Directors

Each Alabama licensed and Medicare certified hospice care provider member holds **ONE** voting seat on the AHPCO Board of Directors, regardless of the number of sites/locations you operate. Please designate a primary and an alternate Board of Directors representative from your agency. **The primary Board Member will serve as AHPCO's primary contact person for your program.**

Board Member Name
(Primary Voting):

Title:

Email address:

Mailing Address:

City/State/ZIP:

Telephone:

Fax:

Board Member Name
(alternate voting member):

Title:

Email address:

Mailing Address:

City/State/ZIP:

Telephone:

Fax:

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D.) Company/Agency Details

Please provide the following details about your company/agency.

Your incorporation/ownership status is:

- For-profit/Proprietary Hospital Owned
 Not-for-profit/Voluntary

Your dominant ownership status is:

- Corporation Healthcare Authority Other – specify below
 Individual Government
 Joint Venture Partnership
 Non-Profit Organization LLC

Is your company a

- Division of a veteran's facility Division of a prison
 Division of a health insurance plan Other:
 Division of a home health provider
 Division of a nursing home provider

You are certified and/or accredited by (check all that applies):

- Medicare ACHC
 Medicare Pending CHAP
 Medicaid Other:
 Medicaid Pending
 TJC

Your location is:

- Primarily Urban Primarily Rural Mixed Urban and Rural

Does your hospice operate one or more dedicated hospice facilities or units?

(A dedicated facility or unit (1) consists of one or more beds that are owned or leased by the hospice, (2) staffed by hospice staff, and (3) has major policies/procedures set by & managed by the hospice.)

- Yes, Number of Beds

If so, are the beds free standing, leased from a hospital, leased from a nursing home

Do you currently offer/provide any of the following? (check all that apply)

- Palliative Care Services
 Pediatric palliative care program
 Pediatric hospice services Grief counseling / bereavement program for community or non-hospice families
 Pre-hospice support program: Please describe:

Is your hospice company a member of the National Alliance for Care at Home?

- Yes No

Does your hospice participate in the We Honor Veteran's Program?

- Yes – If yes what Level No

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Section Two – Calculation of Hospice Provider Dues

Note this application is only for operating hospice providers, defined in AHPCO bylaws as “An operating provider of hospice services licensed by the State of Alabama and a Medicare/Medicaid certified agency which operates under one corporate structure.” If you are applying for **Non-Provider Membership or Palliative Care Provider Membership Only**, please contact the AHPCO for the appropriate application at admin@alhospice.org.

Dues Amount Calculated Below:

Membership dues for hospices are based on the number of Alabama hospice unduplicated admissions, regardless of reimbursement source, for **all Alabama hospice sites/locations**. Sites/Locations are defined as additional hospice service sites under one corporation. The unduplicated admissions number should match the number reported in the most recent submitted SHPDA data collection tool. To calculate hospice membership dues, complete the following information:

Line One: Hospice Base Rate The hospice base hospice rate is \$1,000.00	\$1,000.00
Line Two: Total number of unduplicated admissions Enter the total number of unduplicated admissions of Alabama residents to your hospice program using the unduplicated admissions number on B1a for the most recently submitted SHPDA collection tool.	
Line Three: \$5.00 Multiplier Multiply Line Two by \$5.00.	
Do you offer Palliative Care Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want to include your Palliative Care Line of Business as a member of AHPO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of your Palliative Care Line of Business: <input style="width: 60%; border: 1px solid black;" type="text"/>	
Line Four: Enter \$50 for Palliative Care Line of Business	
Line Five: Dues for Hospices Not Meeting Dues CAP of \$7,500.00 Add lines one, three and four together. (*subtract 2% discount if paying prior to (2/1/2026)	
Line Six: Total Dues for Hospices Meeting Dues CAP of \$7,500.01 If Line Three is \$7,500.01 or greater, you have exceeded the cap amount; enter \$7,500.00 plus line Four on Line Six. (*subtract 2% discount if paying prior to (2/1/2026)	

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Section Three – Payment Options

AHPCO has four options for payment:

- 1. Check** – You may mail in your completed application with a check made out to The Alabama Hospice and Palliative Care Organization and send to:

Suzie Greer, Administrative Consultant
Alabama Hospice and Palliative Care Organization
PO Box 26131
Birmingham, AL 35260
- 2. Invoice:** Send this completed application (including following pages) to admin@alhospice.org and an invoice will be processed and sent to the appropriate person indicated below.
- 3. Credit Card:** You may also provide your credit card information to AHPCO and email the credit card information to admin@alhospice.org. We suggest you use encrypted email
- 4. Multiple Payment Option:** With a credit card, you may spread your annual dues into four quarterly payments. There will be a \$25 quarterly processing fee for this feature to cover the costs to AHPCO. If you would like to schedule your payments, please sign the agreement below and email completed form to admin@alhospice.org. Note: The company is still responsible to pay dues in full even if there is a change in ownership prior to membership year's end.

Option 1

I am mailing my membership dues payment.

Option 2

Name:	
Title:	
Email:	

Please cc: the appropriate person indicated below.

Name:	
Title:	
Email:	

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Option 3

Please provide credit card information below

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Other _____
Card Number:		Exp. Date:	
Mailing Address of Card:			
Name on Card:			
Security Code on card:			
Authorized Signature:			

Option 4

I would like our organization to participate in the quarterly membership payment plan. I agree to place our credit card information on file for recurring payments. I understand that our organization is committing to pay the entire annual membership dues over the course of the four quarters, which includes a \$25 per quarter processing fee. The hospice will still be responsible for payment in full even if there is a change in ownership prior to year's end.

Name:	
Title:	
Email:	
Signature:	

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Section Four – Agency Information

Directions for Providers: Complete an AGENCY UPDATE form for EACH of your Alabama offices/branches.

The following information will be used to update the AHPCO’s Membership Directory, website and for referral services. Providers have voting privileges, one vote per company. You must choose a primary voting member and an alternate if primary is unavailable. Other people in your agency are listed as contacts and are eligible to receive AHPCO updates and educational information. **Please indicate at least one contact person located at each branch.** Please copy and paste the sections below or email a list of all branches with contacts with your membership form.

Company/Agency Name as per license:			
Physical Address:			
City/State/ZIP:			
Mailing Address:			
City/State/ZIP:			
Email Address:			
Primary Telephone:			
Toll Free:		Primary Fax:	
Alabama License Number (this site/location):			
Medicare Provider Number (this site/location):			
Medicaid Provider Number (this site/location):			
National Provider Identifier (NPI) (this site/location):			

This location is:

<input type="checkbox"/> Primarily Urban	<input type="checkbox"/> Primarily Rural	<input type="checkbox"/> Mixed Urban & Rural
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A. Indicate all Alabama counties included in this office’s CON as provided on the most recent submitted SHPDA Data Collection Tool:

- | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Autauga | <input type="checkbox"/> Covington | <input type="checkbox"/> Lauderdale | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Baldwin | <input type="checkbox"/> Crenshaw | <input type="checkbox"/> Lawrence | <input type="checkbox"/> St. Clair |
| <input type="checkbox"/> Barbour | <input type="checkbox"/> Cullman | <input type="checkbox"/> Lee | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Bibb | <input type="checkbox"/> Dale | <input type="checkbox"/> Limestone | <input type="checkbox"/> Talladega |
| <input type="checkbox"/> Blount | <input type="checkbox"/> Dallas | <input type="checkbox"/> Lowndes | <input type="checkbox"/> Tallapoosa |
| <input type="checkbox"/> Bullock | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Macon | <input type="checkbox"/> Tuscaloosa |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Elmore | <input type="checkbox"/> Madison | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Escambia | <input type="checkbox"/> Marengo | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Chambers | <input type="checkbox"/> Etowah | <input type="checkbox"/> Marion | <input type="checkbox"/> Winston |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Fayette | <input type="checkbox"/> Marshall | <input type="checkbox"/> Wilcox |
| <input type="checkbox"/> Chilton | <input type="checkbox"/> Franklin | <input type="checkbox"/> Mobile | |
| <input type="checkbox"/> Choctaw | <input type="checkbox"/> Geneva | <input type="checkbox"/> Monroe | |
| <input type="checkbox"/> Clarke | <input type="checkbox"/> Greene | <input type="checkbox"/> Montgomery | |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Hale | <input type="checkbox"/> Morgan | |
| <input type="checkbox"/> Cleburne | <input type="checkbox"/> Henry | <input type="checkbox"/> Perry | |
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Houston | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Colbert | <input type="checkbox"/> Jackson | <input type="checkbox"/> Pike | |
| <input type="checkbox"/> Conecuh | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Randolph | |
| <input type="checkbox"/> Coosa | <input type="checkbox"/> Lamar | <input type="checkbox"/> Russell | |

AHPCO encourages you to list email addresses for your compliance officers, education coordinators, and department managers so that educational opportunities are available to everyone in your organization. Please feel free to include nurses, social workers and chaplains as well. Please email or mail *a list of agencies and contacts along with your application*. You may add as many people as you want. The list will remain private and used only to promote AHPCO related activities and advocacy.

NAME:	
TITLE / DISCIPLINE:	
EMAIL:	
OFFICE / BRANCH:	

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NAME:	
TITLE / DISCIPLINE:	
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OFFICE / BRANCH:	

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AHPCO's Ethics Statement - Adopted August 14, 2003 (Revised 2006)

"The AHPCO and its Members wish to promote the highest possible standards of ethical behavior of hospices in the State of Alabama. As one means to accomplish this goal, AHPCO formally endorses the Ethical Principles set forth by the Alliance for Care at Home (formerly the National Hospice and Palliative Care Organization) in the publication Ethical Principles: Guidelines for Hospice and Palliative Care Clinical and Organizational Conduct © 2006 (formerly Vital Bonds: Ethical Principles and Guidelines for Organizing Conduct © 2002) and encourages all hospice members of AHPCO to embrace those principles as a condition of their membership in the organization. Further, AHPCO hereby expresses its desire that other hospices in the state of Alabama, who may not be members of AHPCO, will nevertheless also embrace these principles in order to further the good works of all Alabama Hospices."

AHPCO's Antitrust Compliance Statement

The AHPCO conducts all of its activities in full compliance with federal and state antitrust laws. In the course of meetings and other organization activities, it is important that each member refrain from discussing, agreeing, or exchanging information regarding any competitively sensitive information with any other member. Such information includes, but may not be limited to: Prices charged or costs incurred for hospice services; Any increase, decrease, or discount in prices or charges; What constitutes a fair cost or price level; Allocation of patients, referral sources, market areas or contracts with vendors; Refusal to deal with any patient, class or group of patients; Refusal to deal with any vendor, class or group of vendors; What products or services will be offered to patients; Other competitively sensitive information, such as information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing vendors, or terms of coverage. The same standards of conduct are to be observed at all informal and social discussions at the sites of any AHPCO meetings.

AHPCO's Collection of Information Statement

Personal and agency information provided is collected by the AHPCO and may be used for (but not limited to) maintaining membership records, event registrations, correspondence and distributing information about AHPCO, its services and products. Information may be compiled from various sources. Information collected may be used or disclosed for other operational purposes that are consistent with the mission of AHPCO or as required by law.

The AHPCO communicates membership-related notices, benefits and related services in various ways, including telephone, fax, postal mail and electronic mail. As a member, you consent to receiving these occasional communications from AHPCO. If you prefer to not receive any communications from the AHPCO, please check this box.

The AHPCO occasionally makes its members' contact information available to vendors who provide products and services which might be of interest to its membership. If you prefer not to be included in these lists, please check this box.

Everything stated in this application is accurate and complete to the best of my knowledge. I have read and agree to the AHPCO's Ethics, Antitrust Compliance, and Collection of Information Statements.

Signature of individual designated as the Primary Board of Directors Member:

Signature:		Date:	
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