



Iowa Hospice Organization QAPI Snapshot Order Form

Please complete, sign and return this form by fax or email

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If you have any questions, please call 888.325.3396 or email naygur@ocsys.com

Date:	
Agency Name:	
Number of locations	
Contact Name:	
Mailing Address:	
Phone Number:	
Email Address:	
Fax Number:	
Report Recipient Email Address(es)	

Deliverables:

- Quarterly and Annual benchmark comparisons of key indicators of organizational performance
 - Quality Outcomes
 - Quality Operations
 - Patient Volume and Mix
 - Quality Practices
- Review of performance trends
- Analysis of performance relative to NHPCO Quality Partners components of quality
- QAPI Help Desk

Terms:

- \$500.00/year per participating member location, invoiced on receipt of order, payable net 30 days

Credit Card Payment Information	
Charge my:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number:	Expiration Date:
Cardholder Name:	Signature:

Customer Signature _____ **Date** _____

Printed Name and Title _____