Revised Sept2016

Pioneer Health Network

Membership Application

Pioneer Health Network
310 East Walnut, Suite 210
PO Box 1787
Garden City, Kansas 67846
(620) 276-6100
Fax: (620) 307-0394

Facility Information

Name of Healthcare Organization:

DBA (if different):

Physical Address:

Mailing Address (if different):

City, State, ZIP:

Phone: **Fax:**

Web Site:

Number of Licensed Beds:

Acute -

LTC

Swing Beds -

Nursing Home -

Other -

Critical Access Hospital Designation? YES NO

Rural Health Clinic ? YES NO

Fiscal Year-End:

Number of Facility FTEs:

Contact Information

CEO/Administrator

Name:

Title:

Phone: **Fax:**

Email:

Assistant Name:

Assistant Phone: **Assistant Fax:**

Assistant Email:

Any other information you would like to include:

Authorized signature:

Printed name:

Title: **Date:**

Gross Annual Revenue

Section to be completed by Pioneer Health Network

Membership Dues: $