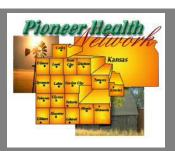
Pioneer Health Network Membership Application



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: \$			