

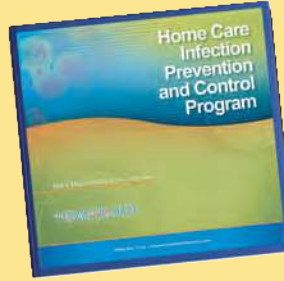
Order Form

FEATURED PRODUCTS

	Product Code	Description
MANUALS	IC1017	Home Care Infection Prevention and Control Program
	IC1000	Annual Update: Home Care Infection Prevention & Control

* Single-site license with the complete contents of the Manual and collateral material. Option to add sites at a discount per additional site. Prices subject to change without notice.

Featured Publication



Price		Quantity	TOTAL
Book	Manual		
	See Page 2		
	See Page 2		

Shipping & Handling	United States	Outside U.S. & Canada
	5% of Order	Contact Us

*Sales tax is not applicable to digital products or The Home Care Infection Prevention and Control Program manual.

Home Care Infection Prevention and Control Program

This comprehensive, evidence-based infection prevention and control program for home health agencies, home infusion, DME and clinical respiratory, private duty (skilled and non-skilled), and hospice and palliative care providers addresses care provided in the home, as well as hospice care provided in an inpatient hospice unit and residential hospice facility. The manual includes everything needed (i.e., policies, procedures, fillable pdf forms, and checklists) to implement accrediting organization (i.e., ACHC, CHAP, & TJC) standards and the home health and hospice Conditions of Participation.

Source Code:
(If applicable)

Shipping & Handling:

Sub Total:

Sales Tax:

(FL ship-to address add applicable sales)

Order Date:

Total:

Contact Information

Name:

Title:

Organization Name:

Address:

City:

State: Zip + Postal Code: +

Type of business: ☐ Home Health ☐ Hospice ☐ Home Infusion (Pharmacy) ☐ Private Duty ☐ DME ☐ Other

E-mail Address:

I would like to be notified of new product information by E-mail: ☐ Yes ☐ No

Phone Number: - -

(Used for delivery purposes)

Shipping Information *If different from contact information

Attention:

Street Address:
(No P.O. boxes please)

City:

State: Zip + Postal Code: +

Phone Number: - -
(Used for delivery purposes)

Address is a: ☐ Business ☐ Residence

Billing Information *If different from contact information

Name:

Street Address:
(No P.O. boxes please)

City:

State: Zip + Postal Code: +

Phone Number: - -

Payment Information (Check One)

☐ Check Payable to Home Health Systems, Inc. Mail to address below

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Account Number:

Expiration: Mo. Yr. CVV2 Security Code:

Cardholder Name:

Signature:

See Page 2 to Order Web-based Access to the Home Care Infection Prevention and Control Program
Submit the completed order form by fax to 800-649-0017
or e-mail to orders@homecareandhospice.com

Web-based Access

*Locations: Include main offices and branches of home health agencies, home hospice and palliative care, hospice inpatient or residential units, private duty home care providers, durable medical equipment, home infusion providers, and corporate and regional offices.

Home Care Infection Prevention and Control Program, Digital Version				
Number of Locations	Price	Annual Renewal	End Users	Amount
1	\$496	\$298	3	
2	\$794	\$546	6	
3	\$1,092	\$794	9	
4	\$1,390	\$1,042	12	
5	\$1,688	\$1,290	15	
6	\$1,736	\$1,423	18	
7	\$1,984	\$1,648	21	
8	\$2,232	\$1,873	24	
9	\$2,480	\$2,098	27	
>10	Contact for Pricing		50+	
<i>Optional:</i> Additional Users	\$50 per block of 5 additional users per year		-	
<i>Optional:</i> Custom URL	Contact for Pricing		Unlimited End Users	
<i>Optional:</i> Custom cover and heavy-duty binder, 12 tabs & color inside cover	\$49 per site, plus \$22 shipping per location		-	
<i>Optional:</i> Content customization to: • Add state licensure regulations, if any. • Add customer-specific forms or policy requirements, if any.	Contact for Pricing		-	

[†]Prices subject to change without notice. Send an email to info@homecareandhospice.com to request pricing for 10 or more locations and optional services.

See Page 3 to Add Users' Access to the Home Care Infection Prevention and Control Program

**Submit the completed order form by fax to 800-649-0017
or e-mail to orders@homecareandhospice.com**

Web-based Access

Organization Name: _____ City/State: _____

Contact Person Name: _____ E-mail Address: _____

Home Care Infection Prevention and Control Program End Users

	First Name	Last Name	Title	E-mail Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Duplicate this form to add additional users.

I acknowledge that I have read and agree to the terms of the License Agreement ☐ and agree to auto-renew at the annual renewal rate ☐ Initial _____

License Agreement: <https://homecareandhospice.com/home-care-infection-prevention-and-control-program.php>