

FAX ORDER FORM - Toll Free Fax 800-230-8687

Online Training Order Blank

Date: ___/___/___

Pricing: Price is determined by the number of sites (or offices) and number of viewers per site. Prices listed below include training for up to 10 viewers per site for OASIS-C and 5 viewers per site for ICD-9-CM Coding.

OASIS-C Item By Item	6-month Subscription	12-month Subscription
<input type="checkbox"/> Individual <input type="checkbox"/> 1 Site/Office (pricing includes up to 10 viewers) <input type="checkbox"/> Extra Viewer Fee (over 10)	N/A <input type="checkbox"/> Item IS010-A06 \$695.00 <input type="checkbox"/> Item IS010+10 \$30.00/viewer	<input type="checkbox"/> Item IS010-I \$350.00 <input type="checkbox"/> Item IS010-A12 \$895.00 <input type="checkbox"/> Item IS010+10 \$30.00/viewer
ICD-9-CM Coding	6-month Subscription	12-month Subscription
<input type="checkbox"/> Individual <input type="checkbox"/> 1 Site/Office (pricing includes up to 5 viewers) <input type="checkbox"/> Extra Viewer Fee (over 5)	N/A <input type="checkbox"/> Item IS020-S6 \$790.00 <input type="checkbox"/> Item IS020+S1 \$150.00/viewer	<input type="checkbox"/> Item IS020-I \$350.00 <input type="checkbox"/> Item IS020-S \$990.00 <input type="checkbox"/> Item IS020+S1 \$150.00/viewer
BMSC HCS-D: Prepare To Succeed	60-day Subscription	
<input type="checkbox"/> Individual	<input type="checkbox"/> Item IS030-I \$195.00	

IF MORE THAN ONE SITE, CONTACT A MED-PASS REPRESENTATIVE FOR DISCOUNT PRICING

NOTE: Please print order and credit card information clearly.

Primary – Site 1 of _____

Organization Name*		# of Viewers at Site	
Parent Company (if applicable)			
Organization Address*			
City*		State*	Zip*
Contact Name *(Should be name of Key Contact/Program Administrator)		Title*	
E-mail*			
Phone*		FAX*	
*Required Field – must be completed to process order			

If more than one site, contact a MED-PASS representative for Discount Pricing.

Ultimate OASIS-C Training Subscription Fee \$ _____ = Total Subscription Fee \$ _____

Total Number of Viewers over 10 per Site: _____ x \$30.00 = Total - Extra Clinician Fee \$ _____

Ultimate ICD-9-CM Coding Series Subscription Fee \$ _____ = Total Subscription Fee \$ _____

Total Number of Viewers over 5 per Site: _____ x \$150.00 = Total - Extra Clinician Fee \$ _____

BMSC HCS-D: Prepare To Succeed Subscription Fee \$ _____ = Total Subscription Fee \$ _____

*State Sales Tax applicable for OH

***Total Due: \$** _____

Payment Method: Visa MasterCard American Express Discover Pay by Check Please check if receipt needed

Card #:	Expiration Date: _____ / _____ (Month/Year)
Name on Card (please print):	Customer Purchase Order # (if required):
Signature:	

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Orders must be paid in full prior to activation. Orders submitted by fax are processed within 24 - 48 hours. Your access authorization code will be sent via e-mail to the contact person identified after credit card verification is completed. **This e-mail will be sent from vieweraccess@homecareinformation.net.** Please make certain that your spam filter does not block this communication. Charges will appear on your credit card statement as **MED-PASS, Inc.** The individual designated as your account administrator is responsible for loading information on all staff that require continuing education credits or verification of participation. Your viewing period begins when your seminar is activated.