Sales Rep: _____

PayDC Chiropractic Software

Upgrade Subscription Form

HEALTH CARE ENTITY INFO:
Formal Corporate / Legal Name of Health Care Entity (associated with PayDC account):

Provider's Name:

Provider's E-mail:

Business Phone:

Current Monthly Total: $ _____

Add-on Options:	Set-Up	Monthly
☐ Documentation[1]	$299.00	$149.00
☐ Billing Upgrade	$699.00	$130.00
☐ Text Message Reminders	$20.00	$20.00
☐ Each Additional Provider _____ (over 2)	n/a	$49.00
☐ Each Additional Branch Office _____	n/a	$99.00
☐ Other (Please specify) _____	$_____	$ _____

Additional Notes: _____

➔ **New Set-Up & Monthly Total Fees**	**$_____**	**$_____**
☐ Meaningful Use (annual fee per provider)[3]	$780.00 (single payment) or $_____ (upfront) + monthly	$_____
☐ Secure Messaging Service (per provider)[4]	$100.00 (1-time Set-Up)	$100.00 per year

➔ **Footnotes (as marked above):**

1 Costs include Mobile SOAP Notes Windows 8 application when available
2 For real-time, on demand access to Eligibility, Claim Status, ABNs, and Audit/Appeals Management
3 Individual providers must sign separate registration form for Meaningful Use. Pricing EXCLUDES Secure Messaging Service which is required for Stage 2 Meaningful Use clients.
4 Secure Messaging Service is required for Stage 2 Meaningful Use Customers and is optional for all other clients.

PAYMENT INFORMATION ☐ **Use Same Card As on File ending in** ☐☐☐☐ or ☐ **Use New Card Below**

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Exp. Date: ☐☐ / ☐☐ **Name on Card:** _____

ACCEPTANCE OF SUBSCRIPTION TERMS

On behalf of my company, I understand and agree to the Terms of the Legal Notice ("Terms") located at *http://www.paydc.com/component/content/article/138.* I understand that all Terms including prices are subject to change. I also represent that I am authorized signor of the credit card account listed above, and authorize PayDC to charge the account as indicated. The Resources of PayDC do not constitute legal advice and do not establish a client-attorney relationship. If I have questions of a legal nature, I will contact an attorney at law.

Authorized Signature: _____ **Date:** _____

Your Name: _____ **Title:** _____

PayDC Chiropractic Software
2350 Huntingdon Pike, Huntingdon Valley, PA 19006
FAX: 888-306-1258
E-mail: info@paydc.com
Phone: 888-306-1256