

**FAX ORDER FORM**

**Ultimate OASIS Item By Item Training Multi-Part Series**

Date: \_\_\_/\_\_\_/\_\_\_ Page: 1 of \_\_\_

**Pricing:** Price is determined by the number of sites (or offices) and number of clinicians per site. Prices listed below include training for up to 10 clinicians per site. For a site with more than 10 clinicians, the price is \$20.00 per clinician over 10.

**6-month Subscription**

**12-month Subscription**

- 1-3 sites/offices  Item IS010-A06 \$ 695.00/per site
- 4-6 sites/offices  Item IS010-B06 \$ 649.00/per site
- 7-10 sites/offices  Item IS010-C06 \$ 599.00/per site

- Item IS010-A12 \$ 895.00/per site
- Item IS010-B12 \$ 749.00/per site
- Item IS010-C12 \$ 699.00/per site

**NOTE: Please print order and credit card information clearly.**

**Primary – Site 1 of \_\_\_**

Organization Name*		# of Clinicians 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, use **Page Two** of this order blank to provide information on all remaining sites. (Duplicate, as needed, to provide complete list.)

Total Number of Sites: \_\_\_\_\_ x Price per Site: \$ \_\_\_\_\_ = Total Subscription Fee \$ \_\_\_\_\_  
 Total Number of Clinicians over the 10 per Site: \_\_\_\_\_ x \$20.00 = Total - Extra Clinician 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 Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

Name on Card: \_\_\_\_\_

Customer Purchase Order Number (if required): \_\_\_\_\_

**Fax orders to: 800-230-8687**

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](mailto: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.

**Contact MED-PASS, Inc. if you have any questions – 800-438-8884 • [www.med-pass.com](http://www.med-pass.com)**

**Thank you!**

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Page \_\_\_\_ of \_\_\_\_

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