



# Cloud Complete Elite

## Cloud Complete Elite Order Form

There is a \$199 one-time setup fee PLUS additional setup fees for Patient Portal, e-Prescribing with EPCS and other possible add-ons.

- Add-ons:  ePrescribing with EPCS and Patient Portal\*  Appointment Texting  Coding Advisor\*\*  
 Patient Communicator (\$99/month)\*\*\*

Customer Information:	Cloud Account(s) Ordered by:
Practice Name: _____	Contact Name: _____
Street Address: _____	Position: _____
Phone Number: _____ Fax: _____	Direct Phone: _____
Office Email: _____	Contact Email: _____
Chosen Clearinghouse for Claims/ERA/Eligibility (if applicable): <input type="checkbox"/> TotalMD EDI <input type="checkbox"/> Trizetto <input type="checkbox"/> APEX Other: _____	Account Password Change Security Question: _____
Claim file format: <input type="checkbox"/> Print Image <input type="checkbox"/> ANSI <input type="checkbox"/> Unknown	Answer: _____
Merchant Services: <input type="checkbox"/> CMS <input type="checkbox"/> OpenEdge <input type="checkbox"/> Other: _____	How many users will be accessing the software concurrently? _____

\*Additional setup fee required \*\* Includes initial license for one user \*\*\* Additional setup fee and monthly fee

I agree to a 24-month initial term which commences on the first day of the month following the month the setup fees are paid. Following the initial term, this agreement shall automatically renew for successive one-year terms until either party provides the other party with at least thirty (30) calendar days prior written notice of termination. Additionally, I acknowledge that I have read and agree to the [Terms of Service](#) as well as the [Service Level Policy](#), [Support Policy](#) and [System Requirements](#), all of which can be viewed and accessed at <http://www.totalmd.com/forms>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email signed copy to sales@totalmd.com or fax signed copy to (602)773-0454