



# Cloud Order Form

Check the cloud version for your office (There is a \$199 one-time setup fee for each package option)

Package Options:  Standard  Complete

Add-Ons:  Document Center\*  ePrescribe\*\*  Patient Portal\*\*\*  Clearinghouse\*\*\*  Patient Communicator\*\*\*

| 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 (if applicable):<br><input type="checkbox"/> TotalMD EDI <input type="checkbox"/> TriZetto <input type="checkbox"/> APEX<br><input type="checkbox"/> Other: _____ | Account Password Change Security Questions:<br>_____              |
| Claim file format:<br><input type="checkbox"/> Print Image <input type="checkbox"/> ANSI <input type="checkbox"/> Unknown  | Answer: _____   |
| Merchant Services:<br><input type="checkbox"/> CMS <input type="checkbox"/> Open Edge <input type="checkbox"/> Other: _____  | How many users will be accessing the software concurrently? _____ |

\* Included with the Complete Package Option; extra \$25/month for the Standard Package Option. \*\*Separate setup and monthly fees with 12-month contract minimum.

\*\*\* Separate setup and monthly fees for these options.

*I agree to a 12-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