# Patient Statement Set-Up Sheet

## Account Information

| | | |
|---|---|---|
| Practice Name: | | Ingenix User ID: |
| Contact Name/Title: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone Number: | | Fax Number: |
| Practice Management System: | | |
| Vendor Name, Contact & Phone Number: | | |

## Credit Card Information

Credit cards to be shown on Statement:

- □ None
- □ American Express
- □ Visa
- □ MasterCard
- □ Discover

**Monthly Volume:** Customer must send INGENIX a minimum volume of 100 statements per month for this Service and Customer shall be billed monthly for 100 statements if less than 100 statements are received in any month. User shall pay INGENIX fees for these services beginning upon the earlier of thirty days after the Effective Date or upon End User's first patient statement, under this Agreement.

**Fees/Initiated Service:** End User agrees to pay INGENIX the initial postage deposit fee to establish a Patient Statements Contract and initiate the services discussed in this agreement, within thirty (30) days after the effective date..

**Development Rate:** Five hours of development time is included for each initial implementation. Any additional development required to implement or related to a change request in production will be at the rate of $150.00 per hour.

Email Address for File Receipt, Confirmation and File Processing Report: (list up to three emails)
1. _____ 2. _____ 3. _____
Envelope: #10 Outbound with #9 Security Return Envelope

**Please fax a sample of your CURRENT STATEMENT along with this set-up sheet to 719-457-8366; attention Cheryl Kuzemka.**

## Pricing & Remit Information:

Remit address, if different from above:

| | | |
|---|---|---|
| Address: | | |
| City: | State: | Zip: |
| Phone Number: | Fax Number: | |
| Base Price/Statement: **$0.67** for first page & **$0.18** for additional page(s) | | |
| Special Statement Handling: | | |

As an additional consideration for the terms and conditions of sale by Ingenix to the undersigned, the undersigned agrees to indemnify and hold Ingenix harmless from and against any and all claims, litigation, and damages of every kind and nature, performance, by Ingenix of the services set forth herein for the undersigned, whether said claims, litigation and damages are brought against Ingenix by the undersigned, those claiming by, through or under the undersigned, or by any third party.

It is imperative Ingenix be notified in advance of any change in the physician's office software which could affect the format of the statement. Failure to do so will delay the billing process. This would include software updates.

**Customer Signature:** _____ **Date:** _____

Ingenix maintains a strict policy of collecting a postage deposit from all customers utilizing the statement processing and production service. This deposit is based on an estimate of your usage during a one (1) month period and will be credited to your account until termination of the service, whereupon it will be fully refunded, less any unpaid charges for services rendered. Please make deposit check payable to "Ingenix".

Patient Statement Deposit = _____(monthly volume) X Current Rate ($0.67) = $_____
Patient Collection Letter Deposit = _____(monthly volume) X Current Rate ($0.67) = $_____

Please specify payment method for postage deposit required to start account.
e-Check: Routing # _____ Account # _____
Credit Card: Type: _____ Account # _____
Security Code: _____ Expiration Date: _____

Return this completed sheet with postage deposit and sample statement to:

**Ingenix Sales Department, 1755 Telstar Drive, Suite 400, Colorado Springs, CO 80920**