



QUIC NETWORK PURCHASE ORDER- Patient Correspondence

To: Quality Systems, Inc. (QSI)
18191 Von Karman Ave. Suite 450
Irvine, CA 92612

Attn: Charlene Buzea
Tel: (949) 255-2600 Ext. 274
Fax: (949) 255-2605

Practice Name (Buyer)	
Address	
City, State Zip	
Contact Person	Phone Number

QUIC Network Patient Correspondence

Buyer agrees to pay Quality Systems, Inc., the amounts indicated below for each electronically processed patient correspondence letter or card (which includes postage, envelope and paper) via The QUIC Network.

Patient Cards

Total Recalls Per Month	Standard Price Per Card
5001+	\$ 0.430
3001-5000	\$ 0.440
2501-3000	\$ 0.445
2001-2500	\$ 0.450
1501-2000	\$ 0.455
1-1500	\$ 0.460

Patient Letters

Total Letters Per Month	Standard Price Per Letter **
10000+	\$ 0.530
9001-10000	\$ 0.540
7001-9000	\$ 0.550
5001-7000	\$ 0.560
3001-5000	\$ 0.570
2001-3000	\$ 0.580
1001-2000	\$ 0.590
1-1000	\$ 0.610

Premium Card Option: Premium Cards are priced at an additional \$0.05 per card. Premium Cards are printed to high quality, heavy card stock (semi-gloss or flat) using custom color graphics (client supplied or EDI supplied). Application of Practice logo also included. See notes #7

Transactions for which Buyer will be billed will be computed based on the QUIC Network Electronic Transactions Daily Report (posted to Buyer's QSI system in the QUIC-clinic# report). The Buyer will be billed monthly for the previous month's QUIC Network transactions.

FAST FORWARD SERVICE: Check here if you do not wish to utilize FastForward for address corrections on all patient statement processing. Price is **\$0.60** per address correction. FastForward will forward all statements at time of mailing as well as notify you electronically of new patient address changes and corrections.

Signature

Date

Notes:

- Buyer hereby grants QSI permission to retrieve necessary data from the Buyer's system so that the cards/letters can be processed and mailed via The QUIC Network.
- Payment terms - due monthly upon receipt of invoice. Delinquent accounts may result in termination of QSI's responsibility for retrieval of cards/letters.
- Interest will be charged on late payments at the rate of 1.5% per month on all overdue amounts.
- QSI assumes no liability for cards/letters, which are undeliverable due to incorrect addresses entered by the Buyer.
- Buyer agrees to pay all local, state or excise tax, as required by law.
- Above pricing will be adjusted to reflect any changes in postal rates.
- Custom stock pricing subject to increase dependent upon customer set card requirements. Any increase will be quoted prior to stock order and live date.
- Custom stock is pre-order in three-month quantities. Customer agrees to pay NextGen the custom card surcharge of any unused custom paper stock, at a rate of \$0.05per sheet.

Software License Agreement

As with all QSI software, the services and software included in this purchase order are licensed for operation on a specific QSI turnkey system or IBM compatible PC. The buyer agrees by signing this purchase order that The QUIC Network services and software purchased with this purchase order are covered by the terms and conditions specified in the Program License Agreement and executed as a part of the purchase of the aforementioned QSI turnkey system.

06/02/05 DR/CBU



QUIC NETWORK ENROLLMENT- Patient Correspondence

Please indicate which types of cards/letters you would like mailed:

- Appointment Reminder Cards
- Recall Cards
- Birthday Cards
- Missed Appointment/Reschedule Cards
- Collection Letters
- Budget Letters
- Recall Letters
- "Welcome to the Practice" Letters
- Other

Start Date: _____ End Date (if not ongoing): _____

How many cards/letters do you send per month? _____

Transmit Schedule: Monthly Weekly Daily
 Other Schedule: _____

Would you like your logo to print: Yes No
(If yes, please email logo to cbuzea@qsii.com)

Special Requests: _____

Please select letter color:

- Blue
- Canary Yellow
- Green
- Pink
- Purple
- Salmon
- Sun Flare Yellow
- Red
- White

**Budget/Collection Letter Perforated Stock
(w/remit)**

- Blue
- Green
- Maroon
- Red
- Purple
- Teal
- White
- Orange
- Yellow

**Select Credit Cards Accepted for
Budget and Collection Letters:**

Visa MasterCard Discover AMEX

Please return this Purchase Order via fax to Charlene Buzea at (949) 255-2605



NCOA^{Link} Processing Acknowledgment Form

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS) requires that teach NCOA^{LINK} licensee have a completed NCOA^{LINK} PAF for each of their NCOA^{LINK} customers prior to providing the NCOA^{LINK} service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed original or a photocopy or facsimile representation of the original document.

*** FILL OUT LIST OWNER SECTION ONLY***

LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address City State ZIP+4

NA

621111

Telephone Number Postal ID (for future use) Tax Identification Number (TIN) NAICS/SIC

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name

Name (Please print) Title

Signature Date

I do hereby acknowledge that I have received and reviewed the NCOA^{LINK} Information Package (Fast Forward Info Pack-one page) supplied to me by QSI, a NCOA^{LINK} Limited Service Provider Licensee. I also understand that the sole purpose of the NCOA^{LINK} service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA^{LINK} may not be used to create or maintain new movers lists.

LICENSEE [CLIENTS DO NOT COMPLETE]

Business Name (Please print)

Name (Please print) Title

/ /

Signature Date

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Telephone Number Tax Identification Number (TIN)

Broker/Agent **List Administrator** (Check applicable box)

QSI

Business Name (Please print)

18191 Von Karman 450. Irvine, CA 92612

Address City/State/ZIP+4

Charlene Buzea e-Business Rep.

Name (Please print) Title 08 / 12 / 2002

Signature Date

(949) 255 – 2600 95-2888568

Telephone Number Tax Identification Number (TIN)

Buyer ID:

Broker/Agent ID:

List Administrator ID

QUIC NETWORK PURCHASE ORDER- Patient Correspondence

FastForward / NCOA Additional Information Required:

1. Select a Postal endorsement that will appear on your statements (check box). This will determine how the USPS will handle your mail IF there is no change available in the NCOA^{Link} (FastForward) Service and the mail is undeliverable. You must select ONE of the following:

Address Service Requested

For the first 12 months that the address has changed, The USPS will send you a post card with the new address on it and charge a fee payable by your office. The mail will be forwarded to the address as supplied on the change of address card submitted by the USPS. 1 year after the address change, the USPS will return the mail piece to your facility with the reason, or address update. No fee will be charged for these returned mail pieces.

Return Service Requested

The USPS returns any undeliverable mail with a new address or reason for non-delivery to you at no charge.

Temp Return Service Requested

This covers the 'Snow-Birds' that have a temporary change on file at their local post office. The mail is re-directed to the address they provide with no notification to you. There is no fee associated with this service.

No Service requested: This will cause your statements to have no postal endorsement on them.

2. Provide your companies NAICS/SIC ID code _____. This code is used to identify your type of business to the USPS and can be found at <http://www.census.gov/epcd/naics02/naico602.htm>. Per the USPS, this code is MANDATORY.

621111 Offices of Physicians (except Mental Health)
621210 Offices of Dentists
621320 Offices of Optometrists

621391 Offices of Podiatrists
621512 Diagnostic Imaging Centers
622110 General Medical and Surgical Hospitals