



# QUIC NETWORK PURCHASE ORDER – Dental Eligibility

To: Quality Systems, Inc. (QSI)  
18191 Von Karman Ave., Ste. 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 Eligibility

Buyer agrees to pay Quality Systems, Inc., the amounts indicated below for each electronically processed verification via The QUIC Network.

Net # of Transactions	Price per Transaction* (Participating)	Price per Transaction* (Non-Participating)
1-2,500	\$0.40	\$0.48
2,501-5,000	\$0.38	\$0.46
5,001-7,500	\$0.36	\$0.44
7,501-10,000	\$0.32	\$0.40
10,001-18,000	\$0.31	\$0.39
18,001 +	\$0.30	\$0.38

\*- There will be an additional service charge per transaction for "non-participating" carriers. Buyer will be notified of any "non-participating" carriers before activation or change of a carrier to "non-participating" status.

\*\* All transactional pricing is based off of the net total of Participating and Non-Participating transactions.

**Transactions for which Buyer will be billed will be computed based on the QSI Electronic Transactions Submission Daily Report. The Buyer will be billed monthly for the previous month's QUIC transactions.**

### ENROLLMENT INFORMATION (Req'd)

(This information will be used to register your practice with carriers for eligibility verification)

(Please complete attached form for registration of multiple providers or multiple addresses)

Provider's Full Name: \_\_\_\_\_ Provider's Payer Assigned Provider ID: \_\_\_\_\_

Provider's Complete Physical Address (PO Box NOT accepted):

Street: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Provider's Tax ID: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Notes:

- Buyer hereby grants QSI permission to retrieve necessary data from the Buyer's system so that eligibility verifications can be processed via The QUIC Network.
- QSI assumes no liability for claims that may be rejected or found to be incomplete by any insurance carrier.
- Payment terms - due monthly upon receipt of invoice. Delinquent accounts may result in termination of QSI's responsibility for retrieval of claims.
- Interest will be charged on late payments at the rate of 1.5% per month on all overdue amounts.
- Buyer hereby authorizes Seller to act as an agent in obtaining access accounts and retrieving eligibility, benefit and/or claim information on behalf of Buyer from databases containing this data housed by insurance companies or their agents databases.
- The eligibility information provided by Seller is based on the individual insurance company records as of the day Seller accessed this system. Should Buyer perform services at a later date, this information may not be current on the date the services are actually performed. It is not an authorization, nor a guarantee of eligibility, benefits or payment.
- Buyer agrees to pay all local, state or excise tax, as required by law.

#### 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

## Q U I C E L I G I B I L I T Y E N R O L L M E N T P A G E

**Please complete one Enrollment "Box" per Provider. If multiple locations are used, please indicate other locations.  
(Make copies of this enrollment page as needed)**

Provider's Full Name: _____	Provider's Payer Assigned Provider ID: _____
Provider's Complete Physical Address (PO Box NOT accepted):	
Street: _____	State: _____
City: _____	Zip: _____
Provider's Tax ID: _____	

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