



QUIC NETWORK PURCHASE ORDER – Direct Deposit

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

Practice Name (Buyer)

Address

City, State Zip

Contact Person Phone Number

Attn: Charlene Buzea
Tel: (949) 255-2600 x274
Fax: (949) 255-2605
Email: cbuzea@qsii.com

QUIC Network Direct Deposit Service

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

| <i># Direct Deposits per Month</i> | <i>Standard Price Per Direct Deposit</i> |
|------------------------------------|--|
| 1-1000 | \$.50 |
| 1001-2000 | \$.48 |
| 2001-3000 | \$.46 |
| 3001-4000 | \$.44 |
| 4000+ | \$.42 |

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.

Check Here to utilize the Optional Lockbox CD feature:

Receive Lockbox CD containing scanned images of patient payment coupons and patient checks. All payment coupons and checks, received and processed by lockbox, will be processed and mailed once per week via 2 Day Delivery Service. Buyer agrees to pay NextGen \$145.00 per month for this additional DirectDeposit Service.

Signature

Date

Notes:

1. Payment terms - due monthly upon receipt of invoice. Delinquent accounts may result in termination of QSI’s responsibility for retrieval of claims.
2. Interest will be charged on late payments at the rate of 1.5% per month on all overdue amounts.
3. Buyer agrees to pay all local, state or excise tax, as required by law.
4. Buyer agrees to pay above amount to Seller for each electronically deposited transaction into Buyer’s bank account.
5. Buyer is subject to additional fees charged for lockbox service including but not limited to: \$100.00 account setup fee, \$0.15 per reject/rekey transactions, \$12.00 NSF Returned checks, \$0.25 per credit card transaction, and 2.35% credit card discount rate.

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. 02/24/06 DR/CBU

Lockbox Enrollment Form - Confidential

Today's Date _____ Dealer Name _____

ExpressBill Account Number _____

Facility/Practice Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip code _____

Facility/Practice Phone (_____) _____-- _____

Facility/Practice Fax (_____) _____-- _____

Contact Name _____

Contact E-mail _____

Practice ID _____ Clinic ID _____

Physician ID _____

Tax ID _____

Bank Routing Number _____

Bank Account Number _____

Depositing in a group account or single account?

Method of Retrieving Weekly Remittance File (check one)

FTP _____ (Need address) E-mail _____ (Need address) Other _____ (Please specify)

**** Please include a voided check for deposit verification ****
*****Please fax To The EDI department at 949-255-2605,**
Attention: Charlene Buzea***

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: _____ Company Id Number: _____

I(we) herby authorize _____, hereinafter called COMPANY, to initiate credit entries to my(our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I(we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID number: _____
(Please Print)

Date: _____ Signature: _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____ Company Id Number: _____

I(we) herby authorize _____, hereinafter called COMPANY, to initiate debit entries to my(our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I(we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID number: _____
(Please Print)

Date: _____ Signature: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.

