



**QUIC NETWORK PURCHASE ORDER – QUIC Reminders**

To: Quality Systems, Inc. (QSI)  
18191 Von Karman Ave, Suite 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 QUIC Reminder Pricing**

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

<i>Transactions Per Month</i>	<i>Price Per Transaction</i>
1-1,000	\$.450
1,001-3,000	\$.425
3,001-5,000	\$.400
5,001 - 10,000	\$.375
10,001+	\$.350

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.

Estimated number of Appointment Reminders per month: \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please provide a valid email address(es) for QUIC correspondence on file issues.

e-Mail #1: \_\_\_\_\_

e-Mail #2: \_\_\_\_\_

Signature

Date

**Notes:**

1. Buyer hereby grants QSI permission to retrieve/access necessary data from the Buyer’s system so that the Voice Reminder calls can be processed via The QUIC Network.
2. Payment terms - due monthly upon receipt of invoice. Delinquent accounts may result in termination of QSI’s responsibility for patient reminding.
3. Interest will be charged on late payments at the rate of 1.5 % per month on all overdue amounts.
4. 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

# QUIC NETWORK ENROLLMENT FORM - QUIC Reminders

**Calling Option (Please check one):**

**By Practice** (doctor name not spoken):

Practice or Clinic Name \_\_\_\_\_

(Continued on page 4, Please use an additional sheet of paper should you require more space)

Phonetic Spelling \_\_\_\_\_

Location Code: \_\_\_\_\_ Location Name \_\_\_\_\_  
 (if applicable) (if applicable)

**By Doctor** (practice/clinic name, if different, not spoken):

Doctor #'s	Doctor Name	Pronunciation (Phonetic spelling)

(Continued on page 4, Please use an additional sheet of paper should you require more space)

**By Both Doctor and Practice** (Both Doctor and Practice name will be spoken in the message)

Fill out top sections under Practice and Doctor.

**Schedule of Calls:**

**(It is recommended that calls be made 2 days in advance of the appointment date)**

Requested Schedule (circle one): 2 3 4 5 6 7 days prior to appointment.

**Processing Method:** Reminders will be set up in the overnight processor

**Multiple Appointments:** If a household or single patient has more than one appointment scheduled on the same day, please: (select option)

- Leave one message noting multiple appointments, the first one starting at [time].
- Make all calls listed on appointment scheduled

**Alternate Languages:**

- English Only, No other languages will be needed.
- Yes, an additional language is needed. Language (s) to be spoken \_\_\_\_\_.  
 a.)  Emailing script to [cbuzea@qsii.com](mailto:cbuzea@qsii.com)  
 b.)  Please convert our English script into our chosen additional language(s) translation.

**Confirmation Code Options (Please Check one):**

Please use the standard system confirmation codes listed below:

Code	Meaning
+	Confirmation left with patient
-	Confirmed through a message left with an answering machine
?	Could NOT be confirmed
@	Could NOT be confirmed because the phone # listed is the wrong number

Please use the following codes that I have designated:

Code	Meaning
_____	Confirmation left with patient
_____	Confirmed through a message left with an answering machine
_____	Could NOT be confirmed
_____	Could NOT be confirmed because the phone # listed is the wrong number

# QUIC NETWORK ENROLLMENT FORM - QUIC Reminders

Please select 1 (one) message:

## Appointment Confirmation Messages (current patients)

- Hello, this is \_\_\_\_\_ [Dr. Name/ practice name] office calling to confirm your appointment on [date] at [time]. If you have any questions please call our office at \_\_\_\_\_ [phone number]. Thank you.
- Hello, this is \_\_\_\_\_ [Dr. Name/ practice name] office calling to confirm your appointment on [date] at [time] at our \_\_\_\_\_ (office site). If you have any questions please call our office at \_\_\_\_\_ [phone number]. Thank you.
- Hello, this is \_\_\_\_\_ [Dr. Name/ practice name]. Your continued improvement relies on you faithfully attending your appointment on [date] at [time]. If you have any questions about your appointment or our cancellation policy please call our office at \_\_\_\_\_ [phone number]. Thank you.
- Hello, this is \_\_\_\_\_ [Dr. Name/ practice name] office calling to confirm your appointment on [date] at [time]. Please give 24 hours notice of cancellation to avoid charges. If you have any questions about your appointment or our cancellation policy please call our office at \_\_\_\_\_ [phone number]. Thank you.
- Hello, this is \_\_\_\_\_ [Dr. Name/ practice name] calling to confirm your appointment on date/time. If you cannot attend your appointment and fail to cancel or reschedule your appointment you will be charged a no-show fee. If you have any questions please call our office at \_\_\_\_\_ [phone number]. Thank you

Create your own Custom Message here:

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**SURVEY: Which other messages types might you be interested in using in the future (Please Circle)?**

- Post-Op Calls,
- Lab Results
- Prescription/Pick Up calls
- Holiday Schedule Reminders
- Missed Appointment Calls
- Other: \_\_\_\_\_

