

# QUIC NETWORK PURCHASE ORDER – Medical Statements

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

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

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

## QUIC Network Electronic Statements Pricing (Medical)

Buyer agrees to pay Quality Systems, Inc., the amounts indicated below for each electronically processed patient statement, which includes envelopes and postage via The QUIC Network.

<i>Statements Per Month</i>	<i>Price Per Statement</i>
>10,000	\$0.51
8,001 – 10,000	\$0.52
7,001 – 8,000	\$0.53
6,001 – 7,000	\$0.54
5,001 – 6,000	\$0.55
4,001 – 5,000	\$0.56
3,001 – 4,000	\$0.57
2,001 – 3,000	\$0.58
1,001 – 2,000	\$0.59
1 – 1,000	\$0.61

❖ Buyer will receive a rate of \$0.25 per additional page. Additional postage may apply to statements 4 pages or longer.

Check here if you wish not to utilize the FAST FORWARD SERVICE for address corrections for all statements at **\$0.60** per address correction. **FILL OUT PAGES 2 & 3.**

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.

**PLEASE ANSWER THE FOLLOWING QUESTIONS. SEE PAGE 2 FOR REMAINING QUESTIONS (REQUIRED)::**

1. **How many clinics or locations are part of your practice?** \_\_\_\_\_  
 (Please send separate list of clinic/location names if more than one with your enrollment).
2. **Estimated number of statements per month** \_\_\_\_\_
3. **Please check the credit cards you accept:**  Visa  MasterCard  American Express  Discover
4. **Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Please allow 5-7 days implementation from time you submit your test file).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notes:**

1. Buyer hereby grants QSI permission to retrieve necessary data from the Buyer's system so that the statements can be processed and mailed via The QUIC Network.
2. Payment terms - due monthly upon receipt of invoice. Delinquent accounts may result in termination of QSI's responsibility for retrieval of statements.
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.
5. Above pricing will be adjusted to reflect any changes in U.S. postal rates.
6. Buyer has 30 days from the start of testing to complete testing and submit first live statement file for processing and mailing. If Buyer fails to complete testing and live submission within the allotted 30 days, Buyer may be subjected to a \$150.00 mapping charge.
7. All changes made to the statement format after the initial 30 day test period may be subject to a \$150.00 mapping charge (this includes statement format changes, backer changes, and all other hard-coded or data lay-out changes).

**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 – Medical Statements

### *Statements/Medical Enrollment Information Required:*

5. Practice logo to be printed on statements:  Yes  No

*B/w logos are part of standard options. Color logos can be printing at an increased cost and are be quoted upon request. Please email your logo to [edi@qsii.com](mailto:edi@qsii.com).*

6. Do your patient payments remit to a lockbox?  Yes  No

7. Will a customized backer be needed (b/w included)?  Yes  No

*Standard backer includes change of patient insurance and patient information boxes. Custom backers, at no additional cost, are offered at time of implementation, printed in b/w (graphics included). Changes requested to backer after implementation (future changes) may incur a mapping fee of up to \$150.00.*

8. Would you like to send “New Statement” inserts with your first live file?  Yes  No

*New Statement inserts explain to your patients that you have changed to a new statement format and who they can contact with questions, etc. If yes, a separate Insert Supplemental Order Form will be sent to you.*

9. Format Type:  Standard Medical/Open Item Format #4 (all unpaid visit detail remains listed until paid)

Standard Balance Forward Format #1\* (includes separate debit and credit columns, patient column, no doctor column).

Standard Balance Forward Format #2\* (includes a single combined debit/credit column and doctor column).

Standard Balance Forward Format #16 (includes separate charges, credits, & adj. columns, doc & pat column)

*\*Balance Forward, formats 1&2: Open Item system not needed. Balance Forward: Current cycle visit detail displayed, previous months' detail combined into one line balance).*

*\*\*\* Format Samples available at: <http://quic.qsii.com> (under Enrollment Forms)\*\*\**

11. Total Balance includes:  Patient Portion only  Patient Portion plus Insurance Balance

12. Would you like your statements processed automatically in the overnight?  Yes  No

13. Processing Schedule:  Monthly on the \_\_\_\_\_ (1st, 2nd, 3rd, etc.) business day of the month.

Weekly  Daily  Other Schedule: \_\_\_\_\_

### *FastForward / NCOA Enrollment 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<sup>Link</sup> (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



# NCOA <sup>Link</sup> 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 each NCOA <sup>LINK</sup> licensee have a completed NCOA <sup>LINK</sup> PAF for each of their NCOA <sup>LINK</sup> customers prior to providing the NCOA <sup>LINK</sup> 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 <sup>LINK</sup> Information Package (Fast Forward Info Pack-one page) supplied to me by QSI, a NCOA <sup>LINK</sup> Limited Service Provider Licensee. I also understand that the sole purpose of the NCOA <sup>LINK</sup> service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA <sup>LINK</sup> may not be used to create or maintain new movers lists.

## LICENSEE

Business Name (Please print)

Name (Please print)

Title

/ /

Signature

Date

( ) -

Telephone Number

Tax Identification Number (TIN)

**BROKER/AGENT**     **LIST ADMINISTRATOR (CHECK APPLICABLE BOX)**

## QUIC

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: