

MediGraph Software  
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### MediGraph Subscription Signup Form

I wish to enroll in the Subscription Billing Program offered by MediGraph Software for the MediGraph Master Suite. I understand that I will be issued a unique Username and Password that will allow me access to the Software, and I will be responsible for the charges generated by using the software. The rates at the time of enrollment are:

**Visit Prices (Documentation, Billing, Scheduling, & Electronic Document Management)**

Visits Per Month	Price Per Visit
Less than 250	\$0.63 each
250 – 499	\$0.58 each
500 – 749	\$0.38 each
750 – 1,499	\$0.34 each
1,500 – 2,499	\$0.28 each
More than 2,500	\$0.18 each

**Functional Capacity Evaluation Prices**

<b>FCE Price</b>	<b>\$25</b>
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**Minimal Usage Adjustment:** All invoices subtotaling less than \$50 will be adjusted to equal \$50.

**Backup Service:** Should you elect to use our backup service, you will be billed an additional \$10 per month.

I authorize MediGraph to charge the credit card listed below on a monthly basis, for fees that are generated by using the software. MediGraph will provide a statement each month detailing my account’s activity. I further understand that if I cancel my subscription, or in the event that my account goes into a past due status, MediGraph will operate in a read-only mode. If I should cancel my subscription, I will have access to all information previously entered into the MediGraph database, but further software installations will be prohibited, and technical support will no longer be provided. Rates are subject to change in the future.

**30 Day Satisfaction Guarantee / Contract Term:**

If you are not satisfied with MediGraph within the first 30 days of your subscription, you may cancel your subscription with no charges. The contract renews automatically on a month-to-month basis, unless MediGraph receives notification of cancellation.

**Technical Support Policy:**

MediGraph Software is pleased to offer free technical support and product upgrades to our customers. This free technical support includes all problems and questions related to the program’s function or usage.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Person’s Name on Credit Card:</b>	<b>Credit Card Number:</b>	<b>Expiration:</b>
<b>Billing Address (street, city, state, zip):</b>	<b>Email Address (where statements should be delivered):</b>	
	<b>Username Desired:</b> _____	
<b>Phone #:</b> _____	<b>Password Desired:</b> _____	