



# Off Site Staff Services Account Application

Contact Name:

Phone Number:

E-mail Address:

Practice Name:

Practice Address: Street

City

State

Zip

## Notification and Messaging Preferences

E-mail:

Text and Provider:

Voicemail:

Clinic Phone and Provider:

Voicemail:

Back Office Phone and Provider:

List or describe your office hours the way you would to a new patient:

What can you provide to populate an "online clinic directions page"?

Photos

Forms

Web Site Address

Service Level:

Staff 0 - \$75/mos.

Staff 200 - \$205/mos.

Staff 500 - \$425/mos.

Staff 800 - \$585/mos.

Staff 1200 - \$745/mos.

Staff 2000 - \$1025/mos.

Additional Service:



Added Live Reception minutes (\$1 per minute), as used

I authorize payments to pay future balances on my account through:

Company Name:

Name on Card:

Billing Address

Card Number (Last 4 Numbers Only)

Exprn Dt:  CVV:

Electronic Authn./Signature:

Date: