



eServices Client Enrollment Form

Please completely fill out form and Mail or Fax it back to Damar Software

| Client Information | | | | | |
|--|--|---|--------------------------------------|--------------------------------------|---|
| Today's Date | | | | Damar Client Number | |
| Contact Name | | | | | |
| Practice Name | | | | | |
| Street Address | | | | | |
| City, State and Zip | | | | | |
| Practice Phone | | Fax | | | |
| Email Address | | | | | |
| Software | | | Version | | |
| Practice NPI | | | | | |
| Services to Enroll | <input type="checkbox"/> eClaims <input type="checkbox"/> eReminders | <input type="checkbox"/> ERA <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Eligibility | <input type="checkbox"/> Attachments | <input type="checkbox"/> ePrescriptions |
| Service | Price | | | | |
| EClaims | \$ 0.45 per electronic claim and \$ 0.55 per electronic paper claim | | | | |
| ERA | \$ 30.00 per month | | | | |
| Eligibility | \$ 30.00 per month | | | | |
| | <i>(Sign up for ERA and Eligibility: \$ 40.00 per month)</i> | | | | |
| Attachments | \$ 39.00 per month (approximate thru NEA/VYNE), Price through EDS yet to be determined. | | | | |
| ePrescriptions | \$ 360.00 per year per provider (Includes Controlled Substances) | | | | |
| eReminders | Appointment Reminders \$ 99.00 per month Recall Reminders add \$ 50.00 per month <input type="checkbox"/> Treatment Reminders add \$ 50.00 per month <input type="checkbox"/> (All Include Text, Email and Voice) | | | | |
| Credit Cards | We will call and setup an analysis to give you the best deal possible. Most likely we will beat your current rate. | | | | |
| Provider Name | Provider ID | NPI | | | |
| <i>List all providers that will be filing Claims</i> | <i>Tax Id or SSN for filing Claims</i> | <i>Individual Provider NPI</i> | | | |
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Signed: _____ Date: _____
 Licensee / Provider /Owner

Please review all information before mailing or faxing to Damar Software