501 E Pearl ST ▪Harrisonville, MO 64701
Phone: 913-951-8449 Fax: 888-688-1949

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		I give permission to Damar Software to send me SMS Messages: ❑				
Services to Enroll	❑ eClaims ❑ eReminders	❑ Eligibility / ERA	Attachments ❑ EDS	❑ ePrescriptions	❑ Credit Cards	

Service	Price
EClaims	$ 0.45 per PAR (Commercial Payers) $ 0.55 per Non-PAR (Medicaid, Paper and Some Commercial Payers)
Eligibility / ERA	$ 40.00 per month
Attachments	$ 35 per month through EDS.
ePrescriptions	$ 360.00 per year per provider (Includes Controlled Substances)
eReminders	Appointment Reminders $ 99.00 per month Recall Reminders add $ 50.00 per month ❑ Treatment Reminders add $ 50.00 per month ❑ (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 *List all providers that will be filing Claims*	**Provider ID** *Tax Id or SSN for filing Claims*	**NPI** *Individual Provider NPI*

Signed: _____ Date: _____
Licensee / Provider /Owner

Please review all information before mailing or faxing to Damar Software