



800-583-9257

Billing Service Information

Company:

First Name:

Last Name:

Phone:

Fax:

Address:

Suite:

City:

State:

ZIP:

MediSoft
Version:

E-MAIL:

Circle one: Primary Billing Only
Primary Billing With Payment Posting
Primary, Secondary, Tertiary Billing with Posting

To pay by credit card:
Credit card number:

Expiration:

Name on card:

Address:

Zip:

3 digits on back:

**Please fill out the Billing Service Information and Provider Set
Up Form on your computer or print clearly.
Fax to 970-797-1031.**