

Paperless Doc

5014 Main Gore Drive
Suite 2
Vail, CO 81657

800-583-9257

Billing Service Information

Company:

First Name:

Last Name:

Phone:

Fax:

Address:

Suite:

City:

State:

zip:

MediSoft
Version:

E-MAIL:

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.
Mail them with your check to us at the above address, or call us to pay by credit card.