

# Paperless Doc

800-583-9257

## Practice Information

Company:

First Name:

Initial:

Last Name:

Contact:

Phone:

Fax:

Address:

Suite:

City:

State:

ZIP:

Specialty:

MediSoft  
Version:

Circle One:  
Primary Billing  
Primary & Posting  
Secondary Billing

e-mail:

To pay by credit card:

Credit card number:

Expiration:

Name on card:

Address:

ZIP:

3 digits on back:

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