

Cloud Order Form

Fax Signed Copy to (480) 924-1974

Check the cloud version for your office with the \$199 onetime setup fee:

Standard \$99/month/provider	<input type="checkbox"/>
Complete \$199/month/provider	<input type="checkbox"/>
Complete Elite \$299/month/provider	<input type="checkbox"/>

Add E-Claims Package (claims, ERAs, Eligibility) \$99/month	<input type="checkbox"/>
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Customer Information	Cloud Account(s) Ordered By:
Practice/Business Name: _____	Contact Name: _____
Street Address: _____	Position: _____
Phone Number: _____	Direct Phone: _____
Office E-mail: _____	Contact Email: _____
	Account Password Change Security Questions: _____ Answer: _____

How many users will be accessing the software concurrently? _____

By signing this Order Form, I acknowledge that I have read and agree to the terms and conditions of the application Terms of Service as well as the Service Level Policy, Support Policy and System Requirements all of which can be viewed and accessed at <https://totalmd.com/practice-management-software/totalmd-online-service-agreements/>

Signature: _____ Date: _____