



**Order Form: MDS Data Logic Checking**

Mail completed form to the address below

Choose one of the available rates:

<b>6 Months</b>	<b>\$ 595.00</b>	<b>One Year</b>	<b>\$ 995.00</b>
Sales Tax: if located in Maine add <b>\$29.75</b>		Sales Tax: If located in Maine add <b>\$49.75</b>	
Total	\$	Total	\$

Method of Payment: *choose one*

- Check: Please make payable to: **Hi-Tech Software, Inc.**
- VISA       MasterCard       Discover       American Express       Other: \_\_\_\_\_

Account Number

Expiration Date:

M M / Y Y

**Card Verification Number:** \_\_\_\_\_ 3-digit number printed on the back of your card after card number.

On American Express cards, this is a 4-digit number printed on the front of your card.

If you do not wish to provide it here, we will call the Contact at the phone number provided below.

**Signature:** \_\_\_\_\_

Credit Card payments will be processed through PayPal Virtual Terminal, for which Hi-Tech Software has been verified.

**Facility Name:** \_\_\_\_\_

**Federal Provider Number:** \_\_\_\_\_  
(MDS item AA6b) *Required for software license*

**Email Address:** \_\_\_\_\_  
*Required to notify you about Enhancements posted to the web.*

Second Email Address \_\_\_\_\_  
Provide second, *optional*, email address so HTS can notify an additional person.

**Administrator/Contact Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Number** (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

**How did you learn about the MDS Logic Checking program:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AHCA Provider Magazine Ad | <input type="checkbox"/> Internet search, i.e Google, | <input type="checkbox"/> Trade Show. Where: _____                   |
| <input type="checkbox"/> FHCA Pulse Magazine Ad    | <input type="checkbox"/> Hi-Tech Sales Rep            | <input type="checkbox"/> Health Care Assoc. Directory. State: _____ |
| <input type="checkbox"/> Other Facility            | <input type="checkbox"/> Hi-Tech Direct Mail          | <input type="checkbox"/> Other: _____                               |

Mail completed form with payment to: **Data Logic Subscriptions  
Hi-Tech Software, Inc.  
10 Silver Street  
Skowhegan, ME 04976**