Application/Service Order Form
RHIO/HIE Connection Interface Request

I. Clinic Information:

Clinic ID: _____

Clinic Name: _____

Contact Name: _____ Phone # _____

Clinic Address: _____

II. Application/Service Request:

Module	Fee	Explanation	QTY	Other	Sub Total
Healthix RHIO: Setup	One-time $1,000	Account setup, connectivity and training	1		$1000
Healthix RHIO: support and maintenance	Monthly $25/provider	Support and maintenance			
List of Providers	Provider 1:		Provider 3:		
	Provider 2:		Provider 4:		
	Others:				
Total	One-time (at contract signing)				
	Monthly (after account goes live)				

III. Payment Information:

Credit Card/Check: Visa [ ]   MC [ ]   AMEX [ ]   Check [ ]

Credit Card Number: _____

Expiration Date: _____

CVC Number: _____ (Amex 4 digit # located on the front; M/C Visa 3-digits on the back)

Name on Card: _____

By signing this form, you agree to accept MDLand's terms of agreement and payment policies as part of MDLand License Agreement.

Signature: _____ Date: _____

Please fax a signed copy to (212) 937-3158 or
email to support@mdland.net