

## Claim Scrubbing Order Form

Please complete and fax to (248) 651-9273

### Claim Scrubbing Account Owner – All Fields Required

This person has full control of the claim scrubbing account

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Login Information

Your email address will be the account login name

Email Address: \_\_\_\_\_

Password: \_\_\_\_\_

### Credit Card Information

*Monthly fee will be automatically debited from the following Credit Card.*

Card Type:       Visa     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 or 4 Digits on Back: \_\_\_\_\_

Name on the card: \_\_\_\_\_

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

Billing address if \_\_\_\_\_

different than above: \_\_\_\_\_

Claim Scrubbing services are provided by Silver Bill-It developed by The Software Foundry. Your credit card statement will reflect the name 'The Software Foundry'

\$25 per month per provider

Please fax this order form to 248-651-9273. Once the fax is received, we will setup your account with Silver Bill-It and contact you to setup the claim scrubbing service.