



Premier Account Owner

All Fields Required - This person has full control of the account (including password authority)

Company:		
Name:	Title:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Authorized Signature:		Date:

Cloud Only: Opt out of the password expiration policy (meaning, you may change your password at any time, but your password will never expire). NOTE: EZClaim recommends the password expiration policy

Admin Level Authorities (Optional)

The following users have the ability to receive password information and to request password changes

Email:	Name:
Email:	Name:

Primary Point of Contact

This person will be the primary person during setup of the program. Normally, this is a technical person or the person that handles your computer setup.

Name:
Phone Number:
Email Address:

Premier Configuration Setup

Enter your Company File Name (typically your Company Name), Clearinghouse, EMR (if applicable) & Go Live Date below.

Company Name 1:	
Company Name 2:	If additional company files are required, please email the list to support@ezclaim.com
I plan to send my claims to the following Clearinghouse:	
I plan to use the following EMR:	
I plan to Go Live with Premier on the following date:	

Credit Card Information

Monthly fees (if applicable) will be automatically debited from the credit card and an invoice will be emailed

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number:	Expiration Date:
Name on the card:	
Credit Card Signature:	

If the account is cancelled due to non-payment, a \$50 re-activation fee will apply