

Group Practice Discount Form

Group Discount Pricing

10-20 Providers = 10% Discount

21+ Providers = 15% Discount

Groups of 10 or more providers are eligible for the Group Discount.

Instructions

- To receive the discounted rate, please complete all the fields in the form below.
- Return the completed form via mail or fax to:

Mail to: CECity.com, Inc. ATTN: PQRSwizard 285 Waterfront Drive East, Ste 100 Homestead, PA 15120	Fax: 412-205-5016
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- Upon receipt of the completed form and payment, you will receive an eMail confirmation including instructions on how to access your prepaid accounts. Please allow up to 5 business days for processing.

Group Practice Information

Practice/Organization Name:	
Business Address:	
City, State, Zip:	
Contact Name:	
Contact Phone(s):	
Contact Email(s):	
Receipt Requested:	<input type="checkbox"/>

Please indicate the product(s) you would like to order.

2013 PQRSwizard

10-20 Providers = 10% Discount

21+ Providers = 15% Discount

Number of Providers:

Gross Fee:
 (\$249 x Number of Providers)

Discount:
 (Gross Fee x Discount %)

Subtotal:
 (Gross Fee - Discount)

2013 eRx

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21+ Providers = 15% Discount

Number of Providers:

Gross Fee:
 (\$249 x Number of Providers)

Discount:
 (Gross Fee x Discount %)

Subtotal:
 (Gross Fee - Discount)

Grand Total

Payment Information

- Check payable to CECity.com
- Credit Card
- Visa American Express
- Mastercard Discover

Name on Card:

Credit Card Billing Address:
(if different from above)

Card Number:

Expiration Date:

Security Code:

- Credit Card by Phone

To charge your credit card by phone, please call 1-877-509-7774 during the hours 9am - 6pm ET, Monday-Friday.

This completed form may be mailed or faxed to:
CECity.com, Inc., ATTN: PQRSwizard, 285 Waterfront Drive East, Ste 100, Homestead, PA 15120
Fax: 412-205-5016 --Phone:1-877-509-7774