



## Forms & Supplies Direct

1300 Industrial Highway • P.O. Box 1189  
Southampton, PA 18966

**(800) 992-1970**

Fax (215) 396-9877

**Catalog 4 Volume 5**

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Dear **TeamDME!** User:

We're pleased to provide you with our new catalog of forms, available exclusively through **Forms & Supplies Direct**. We recommend these forms for your use – they were designed to work in conjunction with your software.

For your convenience please use our toll free number to call your **TeamDME!** account representative. We will be happy to answer any questions you may have and help expedite your orders. We will also be happy to produce any custom forms you may require. Simply send us a sample for pricing and delivery.

We think you'll agree that the convenience of one stop shopping, complemented by highly competitive pricing and unmatched quality is indeed a hard deal to beat.

But you've come to expect that from **TeamDME!**, and we are prepared to deliver that with our **Forms & Supplies Direct** division. Just another reason why your choice of **TeamDME!** as your software vendor was a good one.

Contact your rep today to discuss how we can help you make your work flow easier and more efficient.

Best Regards.

Rick Long & Ross Faigen  
**TeamDME!**  
**Forms and Supplies Direct**



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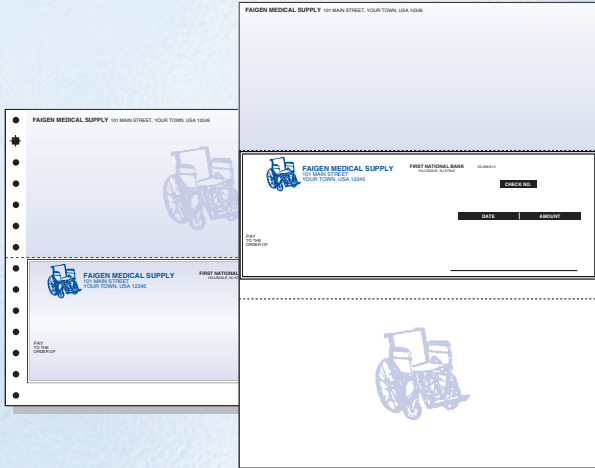
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## M/P CHECK #256

•Also available for laser - (#257)



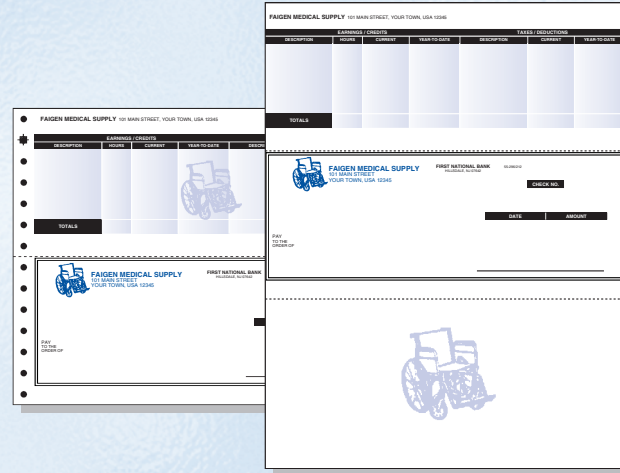
- Order No.:** 256    257 (Laser)
- Size:** 9 1/2 x 7    8 1/2 x 11 Laser  
 8 1/2 x 7 Detached
- Available:** 1 - 2 parts                                    1 part  
 Carbonless    Choice of 19 ink colors  
 Choice of 19 ink colors
- Use Envelope:** ENV-01 (double window)    ENV-01 (double window)

All prices are per one thousand forms

No. of Parts	1000	2000	3000	5000	10000
1	144.00	96.00	92.00	80.00	51.00
2	210.00	170.00	159.00	141.00	124.00
3	258.00	204.00	197.00	181.00	156.00
Laser	218.00	161.00	126.00	106.00	84.00
ENV-01	90.00	85.00	79.00	72.00	66.00

## P/R CHECKS #258

•Also available for laser - (#259)



- Order No.:** 258    259 (Laser)
- Size:** 9 1/2 x 7    8 1/2 x 11 Laser  
 8 1/2 x 7 Detached
- Available:** 1 - 2 parts                                    1 part  
 Carbonless    Choice of 19 ink colors  
 Choice of 19 ink colors
- Use Envelope:** ENV-01 (double window)    ENV-01 (double window)

All prices are per one thousand forms

No. of Parts	1000	2000	3000	5000	10000
1	144.00	96.00	92.00	80.00	51.00
2	210.00	170.00	159.00	141.00	124.00
3	258.00	204.00	197.00	181.00	156.00
Laser	218.00	161.00	126.00	106.00	84.00
ENV-01	90.00	85.00	79.00	72.00	66.00



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## MEDICAL INVOICES #260

•Also available for laser - (#261)

## STATEMENTS #254

•Also available for laser - (#255)

**Order No.:** 260  
**Size:** 9 1/2 x 11  
8 1/2 x 11 Detached

**Available:** 2 - 4 parts  
Carbonless  
Choice of 19 ink colors

**Use Envelope:** ENV-02 (double window) ENV-02 (double window)

261 (Laser)  
8 1/2 x 11 Laser

1 part  
Choice of 19 ink colors

All prices are per one thousand forms

No. of Parts	1000	2000	3000	5000	10000
1	171.00	144.00	124.00	95.00	75.00
2	228.00	198.00	193.00	171.00	147.00
3	326.00	278.00	276.00	238.00	198.00
4	393.00	347.00	340.00	300.00	258.00
Laser	162.00	122.00	98.00	86.00	69.00
ENV-02	90.00	85.00	79.00	72.00	66.00

**Order No.:** 254  
**Size:** 9 1/2 x 8 1/2  
8 1/2 x 8 1/2 Detached

**Available:** 1 part  
Choice of 19 ink colors

**Use Envelope:** ENV-02 (double window) ENV-02 (double window)

255 (Laser)  
8 1/2 x 11 Laser

1 part  
Choice of 19 ink colors

All prices are per one thousand forms

No. of Parts	1000	2000	3000	5000	10000
1	161.00	131.00	105.00	80.00	64.00
Laser	162.00	122.00	98.00	86.00	69.00
ENV-02	90.00	85.00	79.00	72.00	66.00



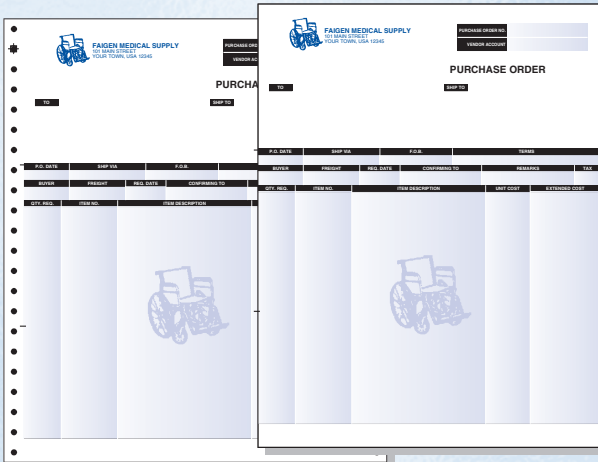
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## PURCHASE ORDERS #250

•Also available for laser - (#251)



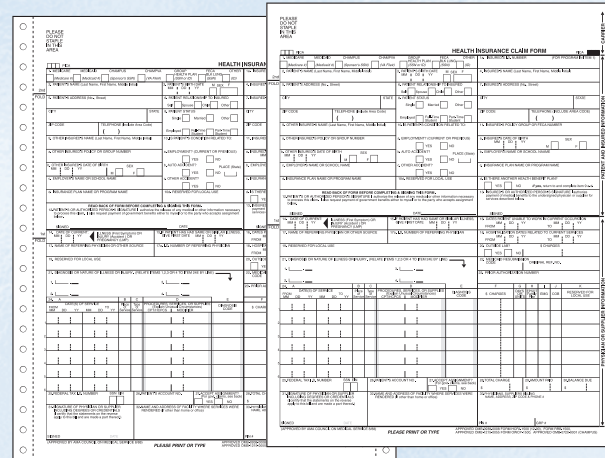
<b>Order No.:</b>	250	251 (Laser)
<b>Size:</b>	9 1/2 x 11 8 1/2 x 11 Detached	8 1/2 x 11 Laser
<b>Available:</b>	2 - 4 parts Carbonless Choice of 19 ink colors	1 part Choice of 19 ink colors
<b>Use Envelope:</b>	ENV-02 (double window)	ENV-02 (double window)

All prices are per one thousand forms

No. of Parts	1000	2000	3000	5000	10000
1	171.00	144.00	124.00	95.00	75.00
2	228.00	198.00	193.00	171.00	147.00
3	326.00	278.00	276.00	238.00	198.00
4	393.00	347.00	340.00	300.00	258.00
Laser	162.00	122.00	98.00	86.00	69.00
ENV-02	90.00	85.00	79.00	72.00	66.00

## HCFA 1500 #411

•Also available for laser - (#411L)



<b>Order No.:</b>	411	411L (Laser)
<b>Size:</b>	9 1/2 x 11 8 1/2 x 11 Detached	8 1/2 x 11 Laser
<b>Available:</b>	1 -2 parts 20# Bond/Carbonless	1 part 20# Bond

All prices are per one thousand forms

No. of Parts	1000	2500	5000	10000
1	n/a	40.00	38.00	36.00
2	58.00	n/a	44.00	42.00
Laser	n/a	35.00	33.00	32.00

**We guarantee that your TeamDME! forms order will be correct  
 or we will refund your money or reprint the order.  
 We stand behind our work and our products.**



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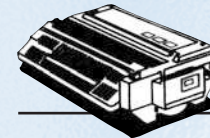
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## CMN Instructions #263

•Also available for laser - (#264)



## IMAGING SUPPLIES, CARTRIDGES, AND TONER

**TeamDME! Forms & Supplies Direct**  
now offers a complete line of laser toner  
cartridges at prices well below the major  
office superstores! Below are just a few  
manufacturers we offer:

- |                 |           |
|-----------------|-----------|
| Hewlett-Packard | Konica    |
| IBM             | Xerox     |
| Lexmark         | Okidata   |
| Brother         | Panasonic |
| Toshiba         | Savin     |
| Canon           | Sony      |
| Epson           | Sharp     |
| Hitachi         |           |

We will save you substantial dollars per year on these and other great laser toner cartridges. We also carry the full line of ink jet and MICR toner cartridges.

Call **TeamDME! Forms & Supplies Direct** today with your printer/toner model and start saving today!

**SECTION A:** (To be completed by the user.)

**CONTRACT NUMBER:** If a 4- or 6-digit contract or job number is printed on this form, the CONTRACT number must be in the space provided. If a 4- or 6-digit contract or job number is not printed on this form, the CONTRACT number must be in the space provided. If a 4- or 6-digit contract or job number is not printed on this form, the CONTRACT number must be in the space provided. If a 4- or 6-digit contract or job number is not printed on this form, the CONTRACT number must be in the space provided.

**PROJECT INFORMATION:** Enter the project name, contract job address, telephone number and other health insurance identification (HIC) or a name or other identifier used on the job form.

**SUBMITTER INFORMATION:** Enter the name of your company (single name, address and telephone number) along with the Medicare Identifier (MID) number assigned to you by the Social Security Administration.

**PLACE OF SERVICE:** Enter the place of service in the box to the right. Use the code in the Medicare Benefit Policy Manual, Part 41.01. If the place of service is a facility, indicate the name and complete address of the facility.

**FACILITY NAME:** If the place of service is a facility, indicate the name and complete address of the facility.

**HCPCS CODES:** Use ICD-9-CM procedure codes that require a CDM. Procedure codes that do not require certification should not be used on this form.

**INCIDENT DATE, INCIDENT TIME AND DATE:** Enter patient's date of birth (MM/DD/YYYY) and use checkmarks to indicate night or weekend and urgent or priority, if requested, incident dates.

**INCIDENT NAME AND ADDRESS:** Enter the patient's name and complete mailing address.

**SPR:** Accurately indicate the submitter's position (submitter's position identification number (PIP)).

**PHYSICIAN INFORMATION:** Enter the physician's name, address and telephone number. Enter the physician's name and address only if the physician is not the submitter. Enter the physician's name and address only if the physician is not the submitter.

**SECTION B:** (To be completed by the submitter.)

**DATE OF SERVICE:** Enter the date of service in the box to the right. Use the code in the Medicare Benefit Policy Manual, Part 41.01. If the date of service is a facility, indicate the name and complete address of the facility.

**SECTION C:** (To be completed by the submitter.)

**DATE OF SERVICE:** Enter the date of service in the box to the right. Use the code in the Medicare Benefit Policy Manual, Part 41.01. If the date of service is a facility, indicate the name and complete address of the facility.

**SECTION D:** (To be completed by the submitter.)

**DATE OF SERVICE:** Enter the date of service in the box to the right. Use the code in the Medicare Benefit Policy Manual, Part 41.01. If the date of service is a facility, indicate the name and complete address of the facility.

All prices are per one thousand forms

No. of Parts	1000	2000	3000	5000	10000
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Laser	162.00	122.00	98.00	86.00	69.00

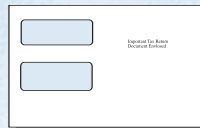
## Tax Forms

- IRS Approved • No Minimum Order Requirements
- Guaranteed Compatible with Team DME! Software

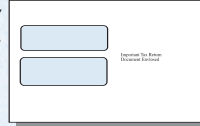


**1099-MISC**  
**W-2, 1 Wide**

1099 ENV  
(Single or  
Double  
Window)



W-2 ENV  
(Single or  
Double  
Window)



We carry a full line of W-2s, 1099s, 941s and other government reporting forms, in a wide variety of styles and constructions. Call us for more information!

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**Use this form to mail or fax your orders. Faxes are received 24 hours a day at (215) 396-9877**



## 3 EASY WAYS TO ORDER

  
ORDER BY PHONE  
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ORDER BY FAX  
READY 24 HOURS A DAY  
7 DAYS A WEEK  
**(215) 396-9877**

  
ORDER BY MAIL  
SIMPLY MAIL THIS FORM TO:  
Forms & Supplies Direct

### ORDER FORM PLEASE TYPE OR PRINT

<b>STEP ONE</b>	<input type="checkbox"/> NEW ORDER	<b>SHIP TO:</b>	<b>STEP TWO</b>	<b>PAYMENT OPTIONS:</b>	
	<input type="checkbox"/> REPEAT ORDER	COMPANY NAME		<input type="checkbox"/> Check or money order enclosed, made payable to: <b>Forms &amp; Supplies Direct</b>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AM EX _____ ACCOUNT NO.
		ADDRESS	X _____ AUTHORIZED SIGNATURE _____ EXP. DATE _____		
		CITY _____ STATE _____ ZIP _____ PHONE NO. _____	<input type="checkbox"/> OPEN ACCOUNT - Net 15 days. Shipping charges added to your invoice.		
			★ With prepayment by check, money order or credit card - Forms & Supplies Direct will pay all regular shipping charges.		

<b>STEP THREE</b>	LINE	ITEM NUMBER	QUANTITY	NO. OF PARTS	ITEM DESCRIPTION	INK COLOR (BE SPECIFIC)	STARTING NUMBER	PRICE PER M M = 1000	TOTAL PRICE
	1								
	2								
	3								
	4								

SPECIAL INSTRUCTIONS	<b>CHECK NUMBERING</b> <input type="checkbox"/> NUMBER CHECK ONLY <input type="checkbox"/> NUMBER CHECK AND VOUCHER <input type="checkbox"/> DO NOT NUMBER	<b>INK COLORS</b> ORANGE BURGUNDY DK. BROWN PRO. BLUE PURPLE WARM RED DK. BURGUNDY GREEN MED. BLUE GRAY RED LT. BROWN DK. GREEN REFLEX BLUE BLACK MAROON MED. BROWN TEAL NAVY BLUE	ADDITIONAL CHARGES
SUBTOTAL			

<b>STEP FOUR</b>	INFORMATION TO BE PRINTED COMPANY NAME _____	<input type="checkbox"/> YES, USE MY LOGO, ARTWORK IS ENCLOSED. <b>CHECK ORDERS</b> INCLUDE A SAMPLE OF YOUR CURRENT CHECK MARKED VOID. <input type="checkbox"/> ADDITIONAL SIGNATURE LINE REQUIRED.	TYPESTYLE: CHOOSE ONE <input type="checkbox"/> HELVETICA	SALES TAX (PA RES. ADD 6%, NJ ADD 7%)
	ADDRESS _____		<input type="checkbox"/> CENTURY SCHOOLBOOK	FREIGHT @ 7%
	CITY _____ STATE _____ ZIP _____ PHONE NO. ( ) _____		<input type="checkbox"/> Park Avenue	TOTAL Thank You
			DATE ____/____/____	

**• MAKE CHECK PAYABLE TO: FORMS & SUPPLIES DIRECT •**