



Group Practice Discount Form

Group Discount Pricing

10-20 Providers = 10% Discount

21+ Providers = 15% Discount

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

Instructions

1. To receive the discounted rate, please complete all the fields in the form below.
2. Return the completed form via mail or fax to:
Mail to:
CECity.com, Inc.
285 Waterfront Drive East, Ste 100
Homestead, PA 15120
Fax:
412-205-5016
3. 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:	<input type="text"/>
Business Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Contact Name:	<input type="text"/>
Contact Phone(s):	<input type="text"/>
Contact Email(s):	<input type="text"/>
Receipt Requested:	<input type="checkbox"/>

2013 PQRSwizard Fee

10-20 Providers = 10% Discount

21+ Providers = 15% Discount

Number of Providers:

Discount:

(Gross Fee x Discount %)

Gross Fee:

(\$249 x Number of Providers)

Amount Due:

(Gross Fee - Discount)

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:

<input type="text"/>	<input type="text"/>
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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

