

## CUSTOMER ALLIANCE PROGRAM FORM

The Customer Alliance Program allows us to recognize Practice Partner software users who recommend colleagues interested in an electronic medical record or practice management solution with a \$500 credit. No purchase is necessary to receive the credit. A maximum credit of up to \$1,500 can be given within a 6 month period from the receipt date.

*Thank you for your support!*

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| <b>Your Contact Information</b><br>First and Last Name: _____ Date: _____<br>Facility Name: _____<br>City, State, Zip: _____   |  |
| <b>1. Colleague Information</b><br>Provider First and Last Name: _____<br>_____<br>Practice Name: _____<br>_____<br>Specialty: _____ # Providers: _____<br>Main Contact Name: _____<br>Title: _____<br>Address: _____ Suite # _____<br>City, State, Zip: _____<br>Business Phone (____) ____ - _____<br>Email: _____ | <b>2. Colleague Information</b><br>Provider First and Last Name: _____<br>_____<br>Practice Name: _____<br>_____<br>Specialty: _____ # Providers: _____<br>Main Contact Name: _____<br>Title: _____<br>Address: _____ Suite # _____<br>City, State, Zip: _____<br>Business Phone (____) ____ - _____<br>Email: _____ |
| <b>3. Colleague Information</b><br>Provider First and Last Name: _____<br>_____<br>Practice Name: _____<br>_____<br>Specialty: _____ # Providers: _____<br>Main Contact Name: _____<br>Title: _____<br>Address: _____ Suite # _____<br>City, State, Zip: _____<br>Business Phone (____) ____ - _____<br>Email: _____ | <b>Please indicate how you would like to use the credit by marking below:</b><br>___ Support/Maintenance contract<br>___ Additional license(s)<br>___ Other Practice Partner Software Products (describe):<br>_____<br>_____<br>___ ASP Monthly Fees   |

Completed forms can be faxed to **206.441.8915** or emailed to [info@practicepartner.com](mailto:info@practicepartner.com).

If you work with a value added reseller, please forward this form directly to your value added reseller.  
Availability and program terms may vary.

*For further details, please see the back of this form.*

## **Program Details**

### **What are the qualifications in order to get a credit?**

Practices currently using one or all of the Practice Partner products (Patient Records, Appointment Scheduler or Medical Billing) can qualify to participate. You must make your colleague aware that you are giving their contact information to Practice Partner and that Practice Partner will contact them. McKesson reserves the right to change the rules or discontinue the program at any time without notice. Decisions regarding customer qualifications and referrals received will be at our sole discretion.

### **Where can I apply the credit I receive?**

You can use the credit for Practice Partner software, additional software licenses and the next contract term of your maintenance and support fees. For ASP customers, the credit can be used off the monthly fee(s). The credit does not apply to third party software. A maximum of up to 3 individual credits at \$500 each can be used within a 6 month period from the receipt date of the Customer Alliance Program form you submit. Credits can only be applied on a one time basis and are effective 12 months from the date the Program form is received.

### **Who can I recommend?**

You can recommend a colleague who is not using an electronic medical record or is considering changing their practice management or electronic medical record system. Paperwork needs to be received before a purchase is made for technical accounting purposes. Only one colleague per practice will be counted and individuals who are currently in our proprietary database are not applicable. You also cannot refer yourself (e.g. if you are leaving a practice to start a new one). In the case where two or more qualified customers provide the same contact information, McKesson, in its sole discretion, will determine which one is eligible. Only one qualified customer will receive a credit per each colleague recommended.

### **How do I redeem my credit?**

If applying credit to support fees, additional licenses or other Practice Partner software, once the credit is applied to your account, you will receive notification along with a **credit reference number**. When you want to redeem your credit and apply it to an invoice, please call the accounts receivable phone number listed on your invoice and provide them the credit reference number. They will then apply the credit to the invoice. If you are having credit applied to monthly ASP fees, this will be done automatically and no action is required on your part.

### **Where do I get the Customer Alliance Program forms?**

1. Customer Alliance Program forms can be found on the on the **Practice Partner Support website** at [www.mckesson.com/practicepartnersupport](http://www.mckesson.com/practicepartnersupport) under the "Community" tab
2. You can also email [info@practicepartner.com](mailto:info@practicepartner.com) to request a form sent to you

Completed forms can be faxed to **206.441.8915** or emailed to [info@practicepartner.com](mailto:info@practicepartner.com). Once you submit a form, we will email you with notification of receipt.

### **What if I work directly with a value added reseller?**

Please check with your value added reseller to determine availability. Program terms may vary by reseller. If you work with a value added reseller, please forward the form to your representative. In case McKesson's Practice Partner does receive a Customer Alliance Program form, we do cross reference customer names in our database and will forward to the appropriate reseller.

### **What will Practice Partner do with the information I provide them?**

McKesson has very strict policies as a large public corporation that all customer and non customer information will not be sold or provided to outside organizations. The information is kept confidential in our proprietary database.