



Order Form

Name: _____

State License Number: _____

Specialty: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Please check here if you are a member of your county medical society.

Payment: Check enclosed: Bill me:

Authorizing Signature: _____

**Please make check payable to
HMS Associates, and Mail or Fax to:**

HMS Associates
Box 374
Getzville, NY 14068-0374

Fax (716) 688-0395
Toll Free (877) 889-6519

Please Check Where Appropriate*

Inpatient
Ambulatory Surgery

Compliance Reports (all 6 profiles)

Check reports requested:

	97	98	99
# of Reports	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fee/Report			\$ 549.95
Total Fee			<input type="text"/>
S/H			\$ 9.45
Tax 8%			<input type="text"/>
Amount Due			<input type="text"/>

Compliance Reports & Trend Analyses

Check analyses requested:

	97/98	98/99
# of Analyses	<input type="text"/>	<input type="text"/>
Fee/Report		\$1,149.95
Total Fee		<input type="text"/>
S/H		\$ 12.95
Tax 8%		<input type="text"/>
Amount Due		<input type="text"/>

* Availability varies by state.
Customized reports and discounts are available
for group practices or purchases.
Individual profiles are also available. Call for pricing.