

S & S HEALTH PRODUCTS, INC.

Billing Agent for Interpra & Medtrak VNG CLIENT APPLICATION

FILL OUT SECTIONS 1, 2, 3 AND CREDIT OR ACH INFO, SIGN HIPAA AND FAX TO 718-228-7797
CONTACT JOSEPH (VNG TECH SUPPORT) AT 718-926-2557 AFTER APPLICATION IS FAXED

| 1. UNIT PURCHASED FROM | | SALESPERSON | | REPORTS | DAYS |
|---|--------------------------|-----------------------------------|--------------------------------|------------------|--------------------------|
| | | | | | |
| 2. CLIENT INFORMATION | | | | | |
| Doctor's Name | | | Company Name | | |
| | | | | | |
| Address | | City | State | Zip | |
| | | | | | |
| Email | | Phone | Fax | | |
| | | | | | |
| 3. CONTACT INFORMATION (Office Manager or person responsible for faxing & printing reports.) | | | | | |
| Contact Name | | Contact Phone | | Extension | |
| | | | | | |
| 4. CREDIT CARD AUTHORIZATION (Billing address must match credit card billing address) | | | | | |
| Card Holder Name (As it appears on card) | | Credit Card Number | | Expiration Date | |
| | | | | Month | Year |
| Credit Card Billing Address | | City | State | Zip | CVC # |
| | | | | | |
| Credit Card Type | | | | | |
| VISA | <input type="checkbox"/> | MASTERCARD | <input type="checkbox"/> | AMERICAN EXPRESS | <input type="checkbox"/> |
| | | | | DISCOVER | <input type="checkbox"/> |
| I am the authorized account signer and I hereby authorize S&S Health Products to charge all my orders to this credit card. | | | | | |
| _____ | | | _____ | | |
| CARD HOLDER SIGNATURE | | | DATE | | |
| 5. ACH DEBIT AUTHORIZATION | | | | | |
| Name of Bank | | Type of Account | | | |
| | | Checking | <input type="checkbox"/> | Savings | <input type="checkbox"/> |
| Bank Address | | City | State | Zip | |
| | | | | | |
| Account Name | | Account Number | Routing Number (9 Digits) | | |
| | | | | | |
| I agree that this authorization will remain in effect until I provide written notification terminating this service. | | | | | |
| _____ | | | _____ | | |
| AUTHORIZED SIGNATURE | | | DATE | | |
| 6. FEES | | | | | |
| The following fees apply for interpretation services: | | \$25.00 for each automated report | \$50.00 for each expert report | | |
| The method of payment you have chosen above will be debited from your account MONTHLY by S & S Health Products, Inc. If you have any questions regarding interpretation services or billing questions please contact us at 718-926-2557. | | | | | |

By signing above all practitioners agree that they are solely responsible for appropriately ordering each test. S & S Health Products, Inc. and Dr. Richard Newman and their representatives and affiliates are independent entities and shall not be construed as employees or any sort of affiliate of the client. The name of the interpreting physician may be used as such but the procedures may NOT be billed using the interpreting physician name (i.e. insurance claim form 1500, box 31-33). Signatures above or below apply to the HIPAA Business Associate Agreement. (See our site).

HIPAA BUSINESS ASSOCIATE AGREEMENT SIGNATURE

SSHP 04/19