

# S & S HEALTH PRODUCTS, INC.

Billing Agent for Interpra & Medtrak VNG

## CLIENT APPLICATION

PLEASE FILL OUT SECTIONS (1), (2), (3) and (4 or 5) COMPLETELY 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	
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)					
\$600 Monthly Equipment Rental (Rental Clients Only)		\$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).

The signature above also applies to the HIPAA Business Associate Agreement attached (print from our site).

SSHP 01/12