

ORDER FORM

Health Care Program Design LLC Compliance Services

5165 Broadway #226
Depew, NY 14043
716-402-5559 ext.5 office

DATE _____
Fax Orders 716-402-5570

CUSTOMER [Name] _____
[Comp Name] _____
[Address] _____

[Phone] _____

SHIP TO [Name] _____
[Comp Name] _____
[Address] _____

[Phone] _____

PRINT AND COMPLETE

SHIPPING METHOD		SHIPPING TERMS		DELIVERY DATE	
UPS		Shipping Applies		10 days	
QTY	ITEM #	DESCRIPTION	Annual Fee	UNIT PRICE	LINE TOTAL
	HCPDSystem	Compliance System			
		Annual Fee	1,500.00		
		HIPAA/HITECH Policies	1,500.00		
Compliance System Includes:		Compliance Plan Specific to			
		Your Organization			
		Code of Conduct			
		Hotline Services and Monitoring			
		Industry Focus Items			
		Required Forms			
		Useful Tools and Forms			
		Regulatory Guidance			
		Alerts and Bulletins			
		Annual Updates			
		Electronic Copy			
				SUBTOTAL	
				Shipping	15.00
				TOTAL	

Credit Card Type: _____

Credit Card Number _____

Expiration Date: _____

Checks Payable to Health Care Program Design LLC

Authorized by _____

Date _____