

Credit Card Payment Information

EZClaim Electronic Submission

Please call (877) 650-0904 if you have any questions

Please fax or mail CC Payment form to EZClaim at (248) 651-9273

Practice Name: _____

Contact Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Card Type: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____

Name on the card: _____

Signature: _____

Billing address if _____

different than above: _____

EZClaim will submit invoices monthly. Invoice amount will be debited from the provider's credit card when the invoice is generated.

Invoice delivery method: EMail Fax (If neither is selected, email will be assigned)

Select Package

- Standard Package (Claims and ERAs) \$99.00 per month
- Premium Package \$139.00 per month
- Multiple Providers _____
(Contact EZClaim for multiple providers pricing)

Additional charges if required

- Additional Provider Setup \$100.00 per provider
- EDI Training for new biller (if needed) \$80.00 per hour

I _____ authorize EZClaim to automatically bill my credit card account, on a monthly basis, for the total amount of the fees incurred for electronic submission.

Signed: _____ Date: _____