

Purchase Order

(07/01/2006)

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Product	Unit Price	Qty	Total
HIPAA 270/271 Eligibility Benefit Inquiry/Response	\$185.00	1	
HIPAA 276/277 Care Claim Status Request/Response	\$185.00	1	
HIPAA 278 Health Care Services Review Request/Response	\$185.00	1	
HIPAA 820 Payment Order/Remittance Advice	\$185.00	1	
HIPAA 834 Benefit Enrollment and Maintenance	\$185.00	1	
HIPAA 835 Health Care Claim Payment/Advice	\$185.00	1	
HIPAA 837P Health Care Claim, Professional	\$185.00	1	
HIPAA 837D Health Care Claim, Dental	\$185.00	1	
HIPAA 837I Health Care Claim, Institutional	\$185.00	1	
Total			

YOUR INFORMATION *(Please Print)*

First Name: _____ Last Name: _____

Title: _____

Company: _____
(Exactly as you want it to appear in the software license)

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

E-Mail: _____

PAYMENT METHOD: Enclose check or Money Order payable to HSU Computing, Inc. and mail to:

HSU Computing, Inc.
26 Hopemont Drive
Mount Laurel, NJ 08054

If you like to purchase by major credit cards, contact us at sales@hsu-computing.com for more information.