



Please return
Completed form by
fax or mail to:
FAX: 770-441-3204
TEL: 800-782-5150

NEA
4588 Winters Chapel
Rd. Suite 200
Atlanta, GA 30360

APEX Special

**\$100 Reg. Fee
(normally \$200)**

**Offer Ends
9/30/04**

Apex

FastAttach™ REGISTRATION form

PRACTICE Information:

This information must be completed for each dental practice. Attach copies if necessary. Please list additional providers in the practice on a separate sheet of paper with name, license and specialty. Please type or print.

PRACTICE NAME _____ TAX ID # _____

DENTIST NAME _____ STATE LIC # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

PERSON RESPONSIBLE FOR TRANSMITTING ATTACHMENTS _____

WHAT DENTAL PRACTICE MANAGEMENT SYSTEM DO YOU USE? _____ VERSION _____

WHAT CLEARINGHOUSE DO YOU USE FOR YOUR ELECTRONIC CLAIMS? _____

SCANNER MAKE-MODEL _____ OR DIGITAL X-RAY SYSTEM TYPE _____

PLEASE CIRCLE ONE: 019 Oral Surgeon 301 General Dentist 303 Endodontist 304 Pedodontist
 305 Periodontist 306 Prosthodontist 307 Orthodontist 099 Unknown

FastAttach™ Plus Service Plan Information:

In addition to transmitting attachments to Insurance Payors, FastAttach™ Plus allows you to transmit attachments to other dentists and store an unlimited number of images for your practice at only \$5 per month over the Basic FastAttach™ fee.

I would like to register for the FastAttach™ Plus Service Plan. Choose one of the billing options below.

BILLING Information:

All offices that register must choose one of the following Billing Options. A \$100 Registration Fee will apply for all offices registering for FastAttach™ or FastAttach™ Plus and will be collected by the Payment Option selected below.

BILLING OPTION I

A \$20 monthly fee – FastAttach or \$25 monthly fee – FastAttach Plus, will be collected the first week of each month following registration.

BILLING OPTION II

A \$240 annual fee- FastAttach™ or \$300 annual fee- FastAttach™ Plus will be collected upon registration, and once every twelve months thereafter.

BILLING OPTION III – This is the only option where a manual bill/invoice will be sent to the office.

For Manual Billing and Manual Checks, a \$480 FastAttach™ fee or \$600 FastAttach™ Plus fee, will be collected at registration, which covers your first two years. Thereafter, every two years you will be billed \$480 or \$600.

PAYMENT Information:

All offices that register must choose one of the following Payment Options.

PAYMENT OPTION I – PAYMENT FROM CHECKING ACCOUNT

Undersigned hereby agrees and authorizes NEA or its transfer agent to initiate entries to debit or credit the Account at the depository institution (bank) identified on the attached voided check. This authorization is to remain in full force until NEA has received written notification of its termination at least three (3) days prior to any scheduled payments. You must attach a voided check if you choose this option.

PAYMENT OPTION II – PAYMENT FROM BANKCARD ACCOUNT

Undersigned hereby agrees and authorizes NEA to keep my signature on file and to charge the bankcard account identified below for all amounts due on the NEA account.

VISA MC AMEX ACCT#: _____ -- _____ -- _____ -- _____ Exp. _____ -- _____

I hereby commit to PAYMENT OPTION ___ as shown above and accept all conditions attached thereto in accordance with normal policy. I want to submit my dental claim attachments through NEA's FastAttach™ system. NEA will invoice me in accordance with the billing program and payment option choices. I agree to hold NEA harmless from all lawsuits or claims related to this agreement and I understand that NEA makes no warranty, expressed or implied, for its services hereunder. ** There will not be any Refunds for monies collected.**

SIGNATURE _____ DATE _____