SOURCE CODE

106473

INGENIX®

Order Form

Four simple ways to place an order.

Call

1.800.ingenix (464.3649), option 1
Mention the source code above.

Mail

PO Box 27116
Salt Lake City, UT 84127-0116
With payment and/or purchase order.

Fax

801.982.4033
With credit card information
and/or purchase order.

Click

www.shopingenix.com

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GET REWARDS WHEN YOU ORDER ONLINE!
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eSmart program available only to Ingenix customers who are not part of Medallion or Partner Accounts programs. You must be registered at ShopIngenix.com to have your online purchases tracked for rewards purposes. Shipping charges and taxes still apply and cannot be used for rewards. Offer valid online only.

100% Money Back Guarantee

If our merchandise* ever fails to meet your expectations, please contact our Customer Service Department toll-free at 1.800.ingenix (464.3649), option 1, for an immediate response.

*Software: Credit will be granted for unopened packages only.

Customer Service Hours

We would love to answer any questions that you might have. You can reach us every business day from 7:00 am until 5:00 pm Mountain Time or 9:00 am until 7:00 pm Eastern Time.

Shipping and Handling

no. of items	fee
1	$10.95
2-4	$12.95
5-7	$14.95
8-10	$19.95
11+	Call

Customer No. _____ Contact No. _____

Contact Name _____

Title _____ Specialty _____

Company _____

Street Address _____
NO PO BOXES, PLEASE

City _____ State _____ Zip _____

Telephone ( ) _____ Fax ( ) _____

Email _____ @ _____

Ingenix respects your right to privacy. We will not sell or rent your email address or fax number to anyone outside Ingenix and its business partners. If you would like to remove your name from Ingenix promotions, please call 1.800.ingenix (464.3649), option 1.

Product

Item No.	Qty	Description	Price	Total

Check one: ○HFMA ○AAPC ○AHIMA Association discount _____

Subtotal _____

UT & VA residents, please add applicable Sales tax _____

(See chart on the left) Shipping & handling charges _____

All foreign orders, please call for shipping costs

Total _____

Payment

○Please bill my credit card ○MasterCard ○VISA ○Amex ○Discover

Card No. _____ Expires _____
MONTH YEAR

Signature _____

○Check enclosed, made payable to: Ingenix, Inc. ○Please bill my office

○Purchase Order No. _____

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