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Please indicate: Clinic Group Hospital Provider Payer Billing Audit Other _____

User/Company/Organization Name:_____

Medical Data File: Standard or Professional (please circle) Date _____ Total Number of Users _____

Roles	Number/Quantity	Please indicate the number of users who have access to the file containing CPT. This information will bring efficiency to processing your order.
Physicians		
Registered Nurses		
Other Clinician Staff		
Administrative and other Staff		
System Function	**System Name**	**# of System Users (unique, do not duplicate per system)**
Scheduling		
Registration		
Radiology (NucMed, CT)		
Cardiology		
Interventional		
Lab, Path & Blood Bank		
Surgery & Anesthesia		
Other diagnostic system		
Emergency Department		
Ancillary (PT/OT/RT, etc)		
Health Information Management (HIM)		
Compliance & Auditing		
Case Management		
ACO/Pop Health Administration (Hospital/Health System Level)		
Outcomes & Quality		
Clinical Documentation Improvement (CDI)		
Computer Assisted Coding (CAC)		
Data Warehousing		
Clinical Documentation		
Computerized Physician Order Entry (CPOE)		
Revenue Cycle & Billing		
ChargeMaster		
Contract Management		
Claims Management		
Consulting		
Other (specify)		
Other (specify)		
Other (specify)		

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Description (Products)

Medical Codes – Standard
Contains: AMA CPT® Codes with Short, Medium, Long Descriptions, RVU's (RBRVS Relative Value Units for Facility and NonFacility), National Medicare Fees for Facility and Non Facility, GFP/FUD (Global Fee Periods/Follow Up Dates) and Status Indicators (New, Revised) and Coding Notes

Medical Codes – Professional
Contains: Standard Edits plus additional status indicators for Gender, Conscience Sedation, Add on Code, Mod 51 Exempt and Mod 63 Exempt.

Pricing (please indicate by circling)

Medical Codes – Standard
Single User $69.95
2-5 Users $250
6-10 Users $400
11-20 Users $700 (Call > 20)

Medical Codes – Professional
Single User $99.95
2-5 Users $260
6-10 Users $450
11-20 Users $800 (Call > 20)

Payment Information (print)

Name _____

Company _____

Address _____

City _____State_____ Zip _____

Number Users _____ Total _____

CC _____ Exp_____

Email _____

Phone orders: 800 669-3337 MF 9-5 CST
Fax: 414 272-6666
Email: mdfsupport@medicaldatafiles.com
Mail: MDF
PO Box 510949 Milwaukee WI 53203

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Licensee *(Please print)* _____ Title _____

Company (Party 1) _____

Address _____

City _____ ST _____ Zip _____

Signature _____ Date _____

Total Number of Users _____ Amount _____

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