



Name: _____

Address: _____

Shipping address (if different): _____

City/State/zip: _____

Email address: _____

Phone #: office _____ cell _____

home _____ fax _____

Business name/employer: _____

- Includes access to SHCA forms, in-services, Policy and Procedure manual, marketing material, and other resources.
- Access to SHCA interim review and Medicare Part-A formulary program.
- Matching to potential customers based on competency and location.
- Inclusion in SHCA purchasing agreements.
- Opportunity to participate in data collection and research initiatives. (Fees paid for participation).
- Discounted rates on other clinical software programs offered in the future.
- Discounts on current and future education and CE programs.

membership info 239-281-2182
fax 478-745-3264

Practice level 3 – Membership Renewal \$200.00 Qty _____

Software updates and support for 12 calendar months.

Please note that if you previously purchased a membership that included software, the product will no longer operate after the 12 month expiration of the original membership.

Practice level 4 – Medical Records

SHCA can provide medical records for your facilities (please call for details)

Practice level 5 – Clinical Interventions

SHCA can provide Interim Consults that improve patient care, reduce unneeded drug cost and lower liability for your facilities (please call for details)

Membership Total s _____

Method of Payment Visa _____ MC _____ AmEx _____ Check/Money order _____

Credit card # (if applicable) _____ 3 digit security # _____

Exp date _____

Signature _____