MEDTRAK DIAGNOSTICS, INC.

Billing Agent Is S & S HEALTH PRODUCTS

CLIENT APPLICATION

FILL OUT SECTIONS 1, 2, 3 AND CREDIT OR ACH INFO, SIGN HIPAA AND FAX TO 718-228-7797
CONTACT JOSEPH (VNG TECH SUPPORT) AT 718-926-2557 AFTER APPLICATION IS FAXED

1. UNIT PURCHASED FROM	SALESPERSON	REPORTS	DAYS

2. CLIENT INFORMATION

Doctor's Name	Company Name		
Address	**City**	**State**	**Zip**
Email	**Phone**	**Fax**	

3. CONTACT INFORMATION (Office Manager or person responsible for faxing & printing reports.)

Contact Name	Contact Phone	Extension
jj		

4. CREDIT CARD AUTHORIZATION (Billing address must match credit card billing address)

Card Holder Name (As it appears on card)	Credit Card Number	Expiration Date	
		Month	Year
Credit Card Billing Address	**City**	**State**	**Zip** / **CVC #**

Credit Card Type

VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER ☐

I am the authorized account signer and I hereby authorize S&S Health Products to charge all my orders to this credit card.

_____ **CARD HOLDER SIGNATURE** _____ **DATE**

5. ACH DEBIT AUTHORIZATION

Name of Bank	Type of Account		
	Checking ☐ Savings ☐		
Bank Address	**City**	**State**	**Zip**
Account Name	**Account Number**	**Routing Number (9 Digits)**	

I agree that this authorization will remain in effect until I provide written notification terminating this service.

_____ **AUTHORIZED SIGNATURE** _____ **DATE**

6. FEES

The following fees apply for interpretation services:	CDTS Requires Expert Reports	$50.00 for each expert report

The method of payment you have chosen above will be debited from your account MONTHLY by S & S Health Products, Inc.
If you have any questions regarding interpretation services or billing questions please contact us at 718-926-2557.

By signing above all practitioners agree that they are solely responsible for appropriately ordering each test. S & S Health Products, Inc. and Dr. Richard Newman and their representatives and affiliates are independent entities and shall not be construed as employees or any sort of affiliate of the client. The name of the interpreting physician may be used as such but the procedures may NOT be billed using the interpreting physician name (i.e. insurance claim form 1500, box 31-33). Signatures above or below apply to the HIPAA Business Associate Agreement. (See our site).

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HIPAA BUSINESS ASSOCIATE AGREEMENT SIGNATURE