



ICANotes Service Agreement

Please print this document and fax it to 443-992-4239 or scan it and email to sales@icanotes.com.

PRICING	
User Type	Monthly Fee
First Prescribing Clinician (includes one Office User)	\$149.00
Non-Prescribing Clinician (includes one Office User)	\$69.00
Additional Prescribing Clinician	\$99.00
Additional Non-Prescribing Clinician	\$69.00
Additional Office User	\$39.00
LICENSE FEES	
A \$65 annual license fee applied to the lesser of either users or computers Formula:	
A - Total Users: <input type="checkbox"/>	B - Total Computers: <input type="checkbox"/> Select the lesser of A or B : <input type="checkbox"/> x \$65 = \$_____
DISCOUNTS	
Groups of 4 or more clinicians earn 1 additional office user at no additional charge. Groups of 4 or more clinicians qualify for discounted pricing. Discounts are also available for clinicians starting a practice, for students, and for non-profit organizations. Please call our business office for a quote at 866-847-3590, opt 3.	

Clinical users have full use of the program. Office users cannot generate clinical reports but may have the ability to enter certain patient demographic and non-clinical data.

ICANotes will supply confidential passwords to each user. ICANotes reserves the right to examine the user database periodically. If a user is dropped from the group and a new one is desired, a new password must be issued and the old password must be expunged.

For billing purposes, all users within a group must have the same billing dates regardless of when the individual users established service. No prorated charges are available. An automatic monthly charge via credit card or bank transfer agreement is necessary. Other special arrangements must be made with ICANotes. A 15-day advance notice of cancellation is necessary. Subscribers wishing to cancel service should advise ICANotes at least 15 days before the end of their monthly period to avoid a new monthly charge.

ICANotes regularly backs up Patient Data and will provide patient data on a thumb drive for any subscriber wishing to terminate service for a fee of \$150. Users wishing to back up or upload data will be charged prevailing labor fees.

I understand and accept the above conditions.

Signature:		Date:
Practice Name:		
Clinician's Name:		
Address:		
City:	State:	ZIP:
Phone:	Email:	

Specify the full name and **unique** email address of each ICANotes user for your practice. Check boxes for the appropriate user type and associated fee(s) for each user. If you have been quoted a group discount, enter the quoted rate on the blank line in the monthly fee column. If you have more than 6 users, please complete extra copies of this sheet. We can accept an Excel spreadsheet format in lieu of this form. If you are registering more than 10 users, please submit your registration information electronically using the spreadsheet format available on our website's ordering page.

User		User Email and Phone Number	User Type	Monthly Fee	
First Name:			<input type="checkbox"/> Prescribing Clinician <input type="checkbox"/> Non-Prescribing Clinician <input type="checkbox"/> Office User	<input type="checkbox"/> \$149.00 <input type="checkbox"/> \$ 99.00 <input type="checkbox"/> \$ 69.00 <input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 50 eRx <input type="checkbox"/> \$ 5 e-sig <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Last Name:					
Credentials:					
First Name:			<input type="checkbox"/> Prescribing Clinician <input type="checkbox"/> Non-Prescribing Clinician <input type="checkbox"/> Office User	<input type="checkbox"/> \$149.00 <input type="checkbox"/> \$ 99.00 <input type="checkbox"/> \$ 69.00 <input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 50 eRx <input type="checkbox"/> \$ 5 e-sig <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Last Name:					
Credentials:					
First Name:			<input type="checkbox"/> Prescribing Clinician <input type="checkbox"/> Non-Prescribing Clinician <input type="checkbox"/> Office User	<input type="checkbox"/> \$149.00 <input type="checkbox"/> \$ 99.00 <input type="checkbox"/> \$ 69.00 <input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 50 eRx <input type="checkbox"/> \$ 5 e-sig <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Last Name:					
Credentials:					
First Name:			<input type="checkbox"/> Prescribing Clinician <input type="checkbox"/> Non-Prescribing Clinician <input type="checkbox"/> Office User	<input type="checkbox"/> \$149.00 <input type="checkbox"/> \$ 99.00 <input type="checkbox"/> \$ 69.00 <input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 50 eRx <input type="checkbox"/> \$ 5 e-sig <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Last Name:					
Credentials:					
First Name:			<input type="checkbox"/> Prescribing Clinician <input type="checkbox"/> Non-Prescribing Clinician <input type="checkbox"/> Office User	<input type="checkbox"/> \$149.00 <input type="checkbox"/> \$ 99.00 <input type="checkbox"/> \$ 69.00 <input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 50 eRx <input type="checkbox"/> \$ 5 e-sig <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Last Name:					
Credentials:					
First Name:			<input type="checkbox"/> Prescribing Clinician <input type="checkbox"/> Non-Prescribing Clinician <input type="checkbox"/> Office User	<input type="checkbox"/> \$149.00 <input type="checkbox"/> \$ 99.00 <input type="checkbox"/> \$ 69.00 <input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 50 eRx <input type="checkbox"/> \$ 5 e-sig <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Last Name:					
Credentials:					
First Name:			<input type="checkbox"/> Prescribing Clinician <input type="checkbox"/> Non-Prescribing Clinician <input type="checkbox"/> Office User	<input type="checkbox"/> \$149.00 <input type="checkbox"/> \$ 99.00 <input type="checkbox"/> \$ 69.00 <input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 50 eRx <input type="checkbox"/> \$ 5 e-sig <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Last Name:					
Credentials:					
Compute Annual Licensing fee for Practice below, then enter amount in "Annual Licensing" Order Total box →			ORDER TOTAL:	Annual Licensing Total	Monthly Total
# Users: A <input type="checkbox"/>	# Computers: B <input type="checkbox"/>	Enter smaller of A or B: <input type="checkbox"/> x \$65 = \$ _____			

Please select your preferred payment method.

Please charge my annual license fees and monthly service fees to the following credit card:

Name (as it appears on card):	
Billing Address of Card:	
Credit Card #:	Expiration: /
CSV Code(located on back of credit card):	

Please charge my annual license fees and monthly service fees to the following checking account:

Name on Checks:
ABA Routing Number: (as it appears on checks between colons, example :7675579932:)
Account Number: (you can also fax a voided check with your service agreement)

I, _____, authorize ICANotes to charge \$_____ for annual license fees and monthly charges to my credit card or bank account in the amount of \$_____ for monthly service fees. I understand that I may cancel service upon giving 15 days notice in accordance with the agreement established above. My monthly period will begin on the 1st 14th 28th day of each month, beginning on _____.

Please contact us with any questions regarding this application at 866-847-3590, option 3.

Training and technical information is available by calling 866-847-3590, option 1.

Thank you for your business.

Please fax your completed service agreement to 443-992-4239 or email a scanned copy to sales@icanotes.com.

Contact ICANotes:

Phone: (866) 847-3590

Fax: (443) 992-4239

sales@icanotes.com

support@icanotes.com