

S & S HEALTH PRODUCTS, INC.

Billing Agent for Interpra & Medtrak VNG 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	
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	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	AMERICAN EXPRESS	<input type="checkbox"/>
				DISCOVER	<input type="checkbox"/>
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	<input type="checkbox"/>	Savings	<input type="checkbox"/>
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:		\$50.00 for each automated 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 their representatives and affiliates are independent entities and shall not be construed as employees or any sort of partner or affiliate of the client. The patient's physician must review all results prior to finalizing any report and the client's physician remains solely and fully responsible for all report results and any billing or insurance claims being made. Signatures above or below apply to the HIPAA Business Associate Agreements. (See our site).

HIPAA BUSINESS ASSOCIATE AGREEMENT SIGNATURE

SSHP 03/25