

## **Rehab Accelerate Order Form**

Rev. 11

Congratulations on your purchase of Rehab Accelerate! To insure prompt and accurate processing of your order we need the following information. Any missing information may delay your order. When completed please click on Submit by Email button, or Print Form button and fax to 412-247-9712 or mail this form to the address shown above.

Note: If your default Email program does not open after clicking on the Submit by Email button, at the bottom left of your screen, click on the Start button>Control Panel>Default Programs>Set program access and computer defaults>Custom>Choose a default e-mail program.

### **1. Company Information**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ FAX #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### **2. Billing Information**

Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ FAX #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Street1: \_\_\_\_\_ Street2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **3. Custom Forms And Reports**

Custom forms and/or Reports required (Does not apply to custom Rehab Any forms or reports transferred to Rehab Accelerate, only for new forms or reports) .  
Any standard forms and reports are provided free of charge. There is charge for custom form or report preparation. Modifications to any standard form or report will be billed at \$100/ hour. Please fill out a [Custom Form Or Report Request](#) form for each required custom form or report.

### **4. Transfer Of Data From Existing Rehab Anywhere Software (Rehab Anywhere customers only)**

Transfer from Rehab Anywhere required.  
Please fill out a [Transfer From Rehab Anywhere Request](#) form.

### **5. Import Of Data From External Files - \$400 charge if less than 4 licenses (Existing Rehab Anywhere customers do not require the import of data)**

Import of data required from a CSV or Excel file.

Physician, Facility, Referral Source, and Insurance Information can be imported one time only by ARTSCO during the setup of Rehab Accelerate.

Please fill out an [Import Data Request](#) form.

**6. Billing Software**

- Brightree Bridge requested for my current Brightree software.

**7. Computer Requirements**

- I have read the recommended requirements for installation for each user, which are: Microsoft Windows XP or higher, a Pentium 1GHz or higher with 512MB's or higher of RAM and more than 500MB's of Hard drive space available, Internet connection, latest version of Internet Explorer, and the latest version of Adobe Reader. Note: Devices with operating systems other than stated above, for example iPad's, can only remote connect to a computer that has Rehab Accelerate installed. Setting up the remote connection between your non windows devices and your Rehab Accelerate installed computers is your responsibility.

**8. Additional Comments**

**9. Method of Payment**

- Credit Card  
 Check

**Pay by Visa Or MasterCard (contact ARTSCO to set up an account).**

**ARTSCO can e-mail, fax or mail your invoice. Please check the preferred method below:**

- E-Mail      **E-mail my invoice to the e-mail address given in section 2.**  
 FAX          **Fax my invoice to the fax number given in section 2.**  
 Mail          **Mail my invoice to the company address specified in section 2.**

**Payment is due upon receipt of your invoice.**

**10. Number Of Users. If 4 users or more, data import is free and training is company specific.**

Note: If less than 4 users, \$400 charge is required for the import of data and training is only offered at specific times during the month and may include other customers.

Number Of Users:

**11. Start Date**

This date must be entered **or your order will not be processed.**

**ARTSCO will attempt to meet your start date. Please set the start date no sooner than give at least 3 weeks from today. If for some reason ARTSCO can't meet your start date, the date will be changed until we can complete your custom reports, custom forms, and have given you your set up and user training. However if ARTSCO is waiting on you to complete the process and you are not responding to our requests, the original start date will apply. Charges will begin on the month of the designated start date.**

Start Date:

**Note:** Charges apply for the entire month in which you start. Therefore, you may want to start at the beginning of a month.

**12. Sign and Date**

This section must be checked and filled below **or your order will not be processed.**

I understand ARTSCO, Inc. is not responsible for any items or issues not entered on this Rehab Accelerate Order Form, Custom Form, or Custom Form attachments. I understand ARTSCO, Inc. is not responsible for any financial loss that may be perceived to be a result of the use of Rehab Accelerate. Furthermore I will be held liable for any unauthorized users of Rehab Accelerate not listed on this form.

**Authorized Company Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_