

The EMS Accounting System

- ORDER BLANK -

Bill to:

Ship to (No P.O. Boxes):

--- NEW CUSTOMERS ---

The name of your agency will be programmed into your system disk. Identify below how you would like to have your name appear. You are allowed up to 34 characters including all spaces and punctuation.

PROGRAM & UPGRADE PRICING

NEW CUSTOMERS	The EMS Accounting System version 5 (Basic Accounting System)	350.00
	Medicare/Insurance module for version 5	125.00
	Electronic Submissions Module – New Customers (must be purchased with both above)	25.00
CURRENT CUSTOMERS	Electronic Submissions Module – Existing Customers	50.00
	Version-4 (DOS) to Version 5 Conversion – DOS Customers	200.00
	Annual support fee: Users without Electronic Submissions Module (1 st year free)	75.00
	Annual support fee: Users with the Electronic Submissions Module (1 st year free)	100.00

FORMS PRICING

QUANTITY	MULTI-PART CONTINUOUS FEED FORMS			WINDOW ENVELOPES	LASER INVOICES	HCFA 1500 FORMS	CMS 1500 FORMS*
	2-PART	3-PART	4-PART				
500	67.00	90.00	111.00	44.00	50.00	30.00	30.00
1000	93.50	126.00	154.50	60.50	69.00	45.00	45.00
2000	183.00	242.00	298.50	116.50	132.00	75.00	75.00
5000	420.00	552.00	672.00	270.00	305.50	150.00	150.00

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

* 2007 "NPI" FORM

Purchase Order #: _____

Phone: (____) ____ - _____

Signature: _____

Date: ___/___/___

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