MediGraph Functional Capacity Evaluation Signup Form

As a MediGraph subscriber, you will have access to all our medical software products, including the Functional Capacity Evaluation. You will be issued a unique Username and Password that will allow you to access both our website and the software. We bill monthly, based on the charges accrued on your account.

As a subscriber, you will have access to our medical software products. Our distribution package includes the Functional Capacity Evaluation, Documentation, Billing, Scheduling, and Electronic Document Management. You are not obligated in any way to use any of the other products, but they are available for your use at any time. See www.medigraphsoftware.com for details and pricing.

Standard Functional Capacity Evaluation	Quantified Functional Capacity Evaluation
$30.00 per evaluation More than 40 per month? Call for details.	$40.00 per evaluation More than 40 per month? Call for details.

Minimal Usage: All invoices subtotaling less than $75.00 will be adjusted to equal $75.00
(This helps to offset our technical support, training, and certification costs for low-volume practices.)

Backup Service:
Should you elect to use our optional offsite backup service, you will be billed an additional $15.00 per month

30 Day Satisfaction Guarantee / No Contract Term:
If you are not satisfied with MediGraph within the first 30 days of your subscription, you may cancel your subscription with no charges. There is no minimum contract term. You may cancel at any time. If you choose to keep your subscription, it renews automatically on a month-to-month basis, unless MediGraph receives notification of cancellation.

Technical Support / Clinical Support / Product Upgrades:
MediGraph Software is proud to offer free technical support and product upgrades to our customers. This free technical support includes all problems and questions related to the program's function or usage. Additionally, all upgrades to the software are included in your subscription, at no additional charge.

I authorize MediGraph to charge the credit card listed below on a monthly basis, for fees associated with my account. MediGraph will provide a statement each month detailing my account's activity. I further understand that if I cancel my subscription, or in the event that my account goes into a past due status, MediGraph will operate in a read-only mode. If I should cancel my subscription, I will have access to all information previously entered into the MediGraph database, but further software installations will be prohibited, and technical support will no longer be provided. Rates are subject to change in the future. Prior written or electronic notice of any change will be provided.

Authorized Signature: _____ **Date:** _____

Person's Name on Credit Card:	Credit Card Number:	Expiration:
Billing Address (street, city, state, zip):	Email Address (where statements should be delivered):	
	Username Desired: _____	
Phone #: _____	Password Desired: _____	