 **RHODE ISLAND WORK COMP FEE SCHEDULE ORDER FORM**

Company\*\*:

Attn.\*\*:

Address\*\*: Suite:

City\*\*: State\*\*: ZIP\*\*:

Phone\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All \*\* fields are REQUIRED | Other fields are optional but requested for your profile

|  |  |  |  |
| --- | --- | --- | --- |
| QUANTITY | DESCRIPTION | COST / UNIT | AMOUNT |
|  | RI Medical & Hospital Fee Schedule Book (Print), Most Recent Year: \_\_\_\_\_\_ | $99.95 / bundle | $ |
|  | RI Medical & Hospital Fee Schedule CD-ROM,  Most Recent Year: \_\_\_\_\_\_ | $699.95 / bundle | $ |
|  | RI Medical & Hospital Fee Schedule Book (Print), Indicate Prior Year(s) Desired: \_\_\_\_\_\_\_\_\_ | $159.95 / bundle | $ |
|  | RI Medical & Hospital Fee Schedule CD-ROM,  Indicate Prior Year(s) Desired: \_\_\_\_\_\_\_\_\_ | $749.95 / bundle | $ |
|  | TOTAL AMOUNT |  | $ |

Complete this form and return with payment. Cost/unit includes regular shipping and handling. Payment can be made by check, money order, as well as PayPal and credit card. Make checks payable to “**Rising Medical Solutions LLC**”.

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***Payment by Credit Card thru PayPal:*** You do not need a PayPal account. Return completed form to [finance@risingms.com](mailto:finance@risingms.com) or via fax at 312-548-0654.You will then receive an invoice from Rising (sent from Paypal). Payment can be made using “Pay Now” with any major credit card.

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