 **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**”.

***Check & Money Orders***: Send this form and payment to Rising Medical Solutions, 325 N LaSalle St, Suite # 600, Chicago, IL 60654

***Payment by PayPal:*** Can be accessed via finance@risingms.com PayPal account, then fax form to 312-548-0654

***Payment by Credit Card thru PayPal:*** You do not need a PayPal account. Return completed form to 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.

***Phone Orders***: Call our Fee Schedule order department at 312-224-5939.