

RHODE ISLAND WORK COMP FEE SCHEDULE ORDER FORM

Company* _____
 ATTN* _____
 Address* _____
 City* _____ State* _____ Zip* _____
 Phone* _____ Email Address* _____



*Fields are REQUIRED

QUANTITY	DESCRIPTION	COST / UNIT	AMOUNT
	RI Medical & Hospital Fee Schedule Book (Print), Most Recent Year	\$99.95 / book	\$
	RI Medical & Hospital Fee Schedule (Electronic), Most Recent Year	\$899.95 / USB drive	\$
	RI Medical & Hospital Fee Schedule Book (Print), Indicate Prior Year(s) Desired: _____	\$159.95 / book	\$
	RI Medical & Hospital Fee Schedule (Electronic), Indicate Prior Year(s) Desired: _____	\$949.95 / USB drive	\$
		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.