

The Academy of Medical Billing

Please print this form, fill it out, and either email the form back to claudia@caymm.com, fax it to us at **1-252-634-2900** or mail it to:

**The Academy of Medical Billing
5406 Trade Winds Road
New Bern, North Carolina 28560**

We accept credit cards, checks, and money orders. (sorry, no COD's or cash).
If paying by credit card, please complete the following:

Credit Card Type: MasterCard ___ VISA ___ Discover ___ AMX ___

Credit Card Number _____ Expiration date _____

Signature _____ (required)

Printed Name _____ Phone Number () _____

Please complete the following for all orders:

Ship to (print name) _____

Street or route _____

City _____ State _____ Zip _____

Please circle item -

PRODUCT NUMBER	ITEM DESCRIPTION	QUANTITY	PRICE	SHIPPING	TOTAL PRICE
----------------	------------------	----------	-------	----------	-------------

201	Medical Billing The Bottom Line	1	29.95	3.95	33.90
-----	---------------------------------	---	-------	------	-------

PRODUCT NUMBER	ITEM DESCRIPTION	QUANTITY	PRICE	SHIPPING	TOTAL PRICE
----------------	------------------	----------	-------	----------	-------------

500	MediSoft Patient Accounting	1	249.00	16.00	265.00
-----	-----------------------------	---	--------	-------	--------

PRODUCT NUMBER	ITEM DESCRIPTION	QUANTITY	PRICE	SHIPPING	TOTAL PRICE
----------------	------------------	----------	-------	----------	-------------

601	MediSoft Advanced Patient Accounting	1	849.00	16.00	865.00
-----	--------------------------------------	---	--------	-------	--------