



Full Service Setup Authorization Form

LOCATION OR PRACTICE INFORMATION

LOCATION OR PRACTICE NAME	LOCATION PHONE #	#OF LOCATIONS	
LOCATION OR PRACTICE ADDRESS	CITY	STATE	ZIP
PRIMARY CONTACT NAME	CONTACT PHONE #	CONTACT EMAIL ADDRESS	

ADMIN USER INFORMATION¹

ADMIN USER NAME	ADMIN USER PHONE #	ADMIN USER EMAIL ADDRESS
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MX MEDICAL BASE PAYMENT ACCEPTANCE OPTIONS²

IN OFFICE / POS ONLY <input type="checkbox"/>	ONLINE BILL PAY ONLY <input type="checkbox"/>	BOTH POS & ONLINE BILL PAY <input type="checkbox"/>	
PAYMENT ACCEPTANCE TYPE (CHECK ALL THAT APPLY) ³			
CREDIT <input type="checkbox"/>	DEBIT <input type="checkbox"/>	CASH (POS ONLY) <input type="checkbox"/>	ACH/ECHECK <input type="checkbox"/>
INITIAL SETUP FEE	MONTHLY SERVICE FEE	TRANSACTION FEE (PER ITEM PROCESSED)	

STATEMENT MODULE³

ENABLE STATEMENT MODULE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PRINT CARD BRAND LOGOS ON STATEMENT		
ELECTRONIC ONLY <input type="checkbox"/>	PAPER ONLY <input type="checkbox"/>	BOTH <input type="checkbox"/>	VISA/ MASTERCARD/ DISCOVER <input type="checkbox"/>	AMEX <input type="checkbox"/>	NONE <input type="checkbox"/>
STATEMENT MODULE SETUP FEE	STATEMENT RENDERING FEE	OFFICE HOURS			
ELECTRONIC	ELECTRONIC				
PAPER	PAPER				

STATEMENT REMIT ADDRESS (If different than location address above)

INTEGRATED PATIENT ESTIMATION & ELIGIBILITY MODULE OPTIONS

PATIENT ELIGIBILITY	MODULE SETUP FEE	MODULE MONTHLY FEE	TRANSACTION FEE (PER ITEM)
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PATIENT ESTIMATION <small>(must have Eligibility module enabled)</small>	MODULE SETUP FEE	MODULE MONTHLY FEE	TRANSACTION FEE (PER ITEM)
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FINANCIAL ASSISTANCE	MODULE SETUP FEE	MODULE MONTHLY FEE	TRANSACTION FEE (PER ITEM)
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OTHER OPTIONAL INTEGRATIONS

HL7 INTERFACE & DFT RETURN	SETUP FEE	MONTHLY FEE
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PAYMENT POSTING FILE	SETUP FEE	MONTHLY FEE
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PAYMENT RECONCILIATION VIA 835	SETUP FEE	MONTHLY FEE	TRANSACTION FEE (PER ITEM)
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MERCHANT FEE AUTHORIZATION & TERMS ACKNOWLEDGMENT

By signing below, you authorize Priority Payment Systems to transfer/debit funds to/from the designated checking associated with your merchant services account. Furthermore, you acknowledge that you have read, understand and agree to comply with the terms and fees set forth in both this setup authorization form and the Payright Health Solutions, LLC Terms of Service, which are available for review or download at: <http://payrighthealth.com/static/termsofservice.pdf>

MERCHANT SIGNATURE	TITLE	DATE
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FOR AGENT/ISO OFFICE USE

AGENT/ISO OFFICE NAME	AGENT/ISO PHONE NUMBER
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SALES REP NAME	SALES REP PHONE NUMBER
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SALES REP EMAIL ADDRESS

FOR PRIORITY USE ONLY

MERCHANT ID	EMAIL SET-UP REQUEST TO PRODUCTSALES@PPS.IO
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¹ User responsible for location administration and assigning other users
² Setup and configuration preferences
³ For use with Online Bill Pay option - Setup and configuration preferences