

Mode of Communication

Payments/EOB's (Choose which mode for Medenet to receive)				
Options:		= \$2000/ea 6 months (approx fee - ma exclusive) = approx. \$140/year fee	ay vary from bank to bank)	
Medenet use only: Box Address				
Checks (Choose which mode for Medenet to send checks to you)				
Options:	☐ Mail	Days Requested:		
	☐ Banking b	y Medenet		
Paperwork (Incoming) (Choose which mode to forward paperwork to Medenet)				
Options:	☐ Mail	Days Requested:	Shred Return	
	☐ Email	Days Requested:		
	☐ FTP	Days Requested:		
If Email, list address:			(please print)	
Paperwork (Outgoing) (Choose which mode for Medenet to forward you requests)				
Options:	☐ Mail	Days Requested:	Shred Return	
	☐ Fax	Days Requested:	Number:	
	☐ Email	Days Requested:		
	☐ FTP	Days Requested:		
If Fax, who is the contact: If Email, list address:			(please print)	
Paperwork (Storage)				
	(Storage)			
Charges:	Shred	Return	BURN CD EVERY Quarter (*)	

Month End Reports			
Options:	Email List email address(s):		
	Burn to CD & Mail to:		
	Print (*) & Mail to:		
Invoices			
Options:	Email (List email address(s):		
	Mail to:		
	Fax to:		
To who's attention do we send?			
Special Instructions:			
(*)charges may be applicable			

Important: Save the completed PDF form (use menu File – Save).