

Software License/Order Form

AP Associates

504 Woodfield Drive
Asheville, NC 28803
(828) 296-1408 or
(866) 639-8153 (toll free)
mail@raprint.com
www.raprint.com

After completing, copy this form and the setup form(s). Mail originals along with your check to AP Associates, Attn: Eb Preuninger, 504 Woodfield Dr., Asheville, NC 28803.

Contact Name

Organization Name

Address

City State Zip Telephone (incl. area code)

Email Address

Check program(s) desired: *RAPrint* *RACombine*
 RAMedicaid

LICENSE AGREEMENT:

United States copyright law protects this software. Therefore you must treat this software like a book. It may be used by any number of people and may be installed on several computers. You may make as many backups and archival copies as you wish.

DISCLAIMER:

The software described in the manual is provided "as is" without any kind of warranty. It is the Licensee's responsibility to determine whether this software is suitable for the Licensee's purpose. AP Associates shall not, in any event, be held liable for damages that may be sustained in connection with *RAPrint*, *RACombine* or *RAMedicaid* software.

PRICE

RAPrint - \$2,495.00.

RACombine - \$995.00.

RAMedicaid - \$1,995.00

Prices include shipping & handling, NC sales tax, and all upgrades for the current Medicare fiscal year.

ANNUAL RENEWAL FEE:

Annual renewal notices will be sent October 1 (the start of the next Medicare fiscal year).

The annual maintenance fee will be **\$350.00**/licensed program.

Authorized Client Signature

Date

Software Set-up Form: Medicare

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Facility Name

Facility Street Address

Facility City, State, Zip

Facility Telephone (including area code)

Medicare Intermediary Name

Medicare Intermediary Street Address

Medicare Intermediary City, State, Zip

Medicare Intermediary Telephone (including area code)

Medicare NPI or Legacy No.

Name of Provider

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Software Set-up Form: Medicaid

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Facility Name

Facility Street Address

Facility City, State, Zip

Facility Telephone (including area code)

Medicaid Intermediary Name

Medicaid Intermediary Street Address

Medicaid Intermediary City, State, Zip

Medicaid Intermediary Telephone (including area code)

Medicaid NPI or Legacy No.

Name of Provider

1. _____

2. _____

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4. _____

5. _____

6. _____