



Medical Directions, Inc.

**Order Form**

**Mail to:** Medical Directions, Inc  
 74 Lawndale Drive  
 East Greenwich, RI 02818  
**Fax to:** (401) 398-0848

**Your Billing Information**

Name \_\_\_\_\_  
 Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

**Your Shipping Information** (if different from billing information)

Name \_\_\_\_\_  
 Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

**The Medical Claim Trainer**

**Online Training and Examination**

QUANTITY	ITEM	X	PRICE	=	TOTALS
_____	<b>Part I: Injuries of the Back</b>		<b>\$49.00</b>		<b>\$ _____</b>
_____	<b>Part II: Injuries of the Extremities</b>		<b>\$49.00</b>		<b>\$ _____</b>
_____	<b>Part III: Closed Head Injuries</b>		<b>\$49.00</b>		<b>\$ _____</b>

**Select Certification(s)**

Designations:  IEA  ANCC  CCM  CDSM  CRC

States:  AK  CA  DE  FL  GA  LA

MS  MT  NH Multiline  NH Workers' Comp

NC  NY  OK  TX  UT  WY

First Certification is \$10.00 per part. Additional Certifications are \$3.00 each per part.

There is an additional state filing charge per part for the following states:

Mississippi is \$4.00 per part. North Carolina is \$10.00 per part. Texas is \$5.00 per part  
 New Hampshire and Oklahoma are \$6.00 per part.

**Continuing Education Credit Pricing \$ \_\_\_\_\_**



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**Online Examination for CDROM students**

QUANTITY	ITEM	X	PRICE	=	TOTALS
_____	<b>Part I: Injuries of the Back</b>		<b>\$25.00</b>		<b>\$_____</b>
_____	<b>Part II: Injuries of the Extremities</b>		<b>\$25.00</b>		<b>\$_____</b>
_____	<b>Part III: Closed Head Injuries</b>		<b>\$25.00</b>		<b>\$_____</b>

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States:  AK  CA  DE  FL  GA  LA  
 MS  MT  NH Multiline  NH Workers' Comp  
 NC  NY  OK  TX  UT  WY

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 There is an additional state filing charge per part for the following states:  
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 New Hampshire and Oklahoma are \$6.00 per part.

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**Additional State CEU (must have successfully completed the corresponding exam)**

This section should only be used if the Student has already successfully completed the corresponding exam and is adding an additional State Continuing Education Credit. All items ordered will be verified from exam records.

Enter exam info: Date of Exam: \_\_\_\_\_ Exam Score: \_\_\_\_\_

QUANTITY	ITEM	X	PRICE	=	TOTALS
_____	<b>Part I: Injuries of the Back</b>		<b>\$10.00</b>		<b>\$_____</b>
_____	<b>Part II: Injuries of the Extremities</b>		<b>\$10.00</b>		<b>\$_____</b>
_____	<b>Part III: Closed Head Injuries</b>		<b>\$10.00</b>		<b>\$_____</b>

**Select Certification(s)**

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**Workbooks and Independent Medical Examinations Video**

QUANTITY	ITEM	X	PRICE	=	TOTALS
_____	Part I: Injuries of the Back - Workbook		\$16.00		\$ _____
_____	Part II: Injuries of the Extremities - Workbook		\$16.00		\$ _____
_____	Part III: Closed Head Injuries - Workbook		\$16.00		\$ _____
_____	IME Video (DVD)		\$69.00		\$ _____
_____	IME Video (VHS)		\$69.00		\$ _____
_____	Shipping and Handling (priced per each group of 1-3 workbooks or 1 video)		\$6.50		\$ _____

**Order Total**

Product Subtotals \$ \_\_\_\_\_

Discount Code \_\_\_\_\_

(Orders with a valid Company/Membership Code  
 Receive a 10% discount on online training)

Discount \$ \_\_\_\_\_

RI Residents Only—RI Sales Tax (7%) \$ \_\_\_\_\_

**Order Total \$ \_\_\_\_\_**

**Payment Information**

Check or money order enclosed and payable to Medical Directions, Inc. (Federal ID #05-0454677)

Please charge my credit card

Card Type:  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_