



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
_____	Part I: Injuries of the Back		\$49.00		\$ _____
_____	Part II: Injuries of the Extremities		\$49.00		\$ _____
_____	Part III: Closed Head Injuries		\$49.00		\$ _____

Select States for Certification:

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

First State is \$10.00 per part. Additional states 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
_____	Part I: Injuries of the Back		\$25.00		\$_____
_____	Part II: Injuries of the Extremities		\$25.00		\$_____
_____	Part III: Closed Head Injuries		\$25.00		\$_____

Select States for Certification:

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

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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
_____	Part I: Injuries of the Back		\$10.00		\$_____
_____	Part II: Injuries of the Extremities		\$10.00		\$_____
_____	Part III: Closed Head Injuries		\$10.00		\$_____

Select States for Certification:

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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 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: _____