ICANotes Service Agreement

Please print this document and fax it to 443-992-4239 or scan it and email to sales@icanotes.com

PRICING	
User Type	**Monthly Fee**
First Prescribing Clinician (includes one Office User)	$149.00
Non-Prescribing Clinician (includes one Office User)	$69.00
Additional Prescribing Clinician	$99.00
Additional Non-Prescribing Clinician	$69.00
Additional Office User	$39.00

LICENSE FEES		
A $65 annual license fee applied to the lesser of either users or computers Formula:		
A - Total Users: ☐	**B** - Total Computers: ☐	Select the lesser of **A or B:** ☐ x $65 = $_____

DISCOUNTS
Groups of 4 or more clinicians earn 1 additional office user at no additional charge. Groups of 4 or more clinicians qualify for discounts. Discounts are also available to clinicians starting a practice, part-time clinicians, students, and non-profit organizations. Please call for a quote at 443-569-6018.

Clinical users have full use of the program. Office users cannot generate clinical reports but may have the ability to enter certain patient demographic and non-clinical data. ICANotes will supply confidential passwords to each user. ICANotes reserves the right to examine the user database periodically. If a user is dropped from the group and a new one is desired, a new password must be issued and the old password must be expunged.

For billing purposes, all users within a group must have the same billing dates regardless of when the individual users established service. No prorated charges are available. An automatic monthly charge via credit card or bank transfer agreement is necessary. Other special arrangements must be made with ICANotes. A 15-day advance notice of cancellation is necessary. Subscribers wishing to cancel service must advise ICANotes at least 15 days before the end of their monthly period to avoid a new monthly charge.

ICANotes regularly backs up patient data and will provide patient data on a USB drive for any subscriber wishing to terminate service for a fee of $150. Users wishing to backup or upload data will be charged prevailing labor fees.

ICANotes requires the payment of annual license fees equal to $65 per user or computer (whichever is less). Said license fees are due upon creation of an ICANotes account and upon each anniversary thereafter. License fees are non-refundable and will recur unless 15 days notice is delivered in writing to ICANotes of intent to cancel subscription.

I understand and accept the above conditions.

Signature:		Date:
Practice Name:		How did you hear about ICANotes?
Clinician's Name:		
Address:		
City:	State:	ZIP:
Phone:	Email:	

Specify the full name and ***unique*** email address of each ICANotes user for your practice. Check boxes for the appropriate user type and associated fee(s) for each user. If you have been quoted a group discount, enter the quoted rate on the blank line in the monthly fee column. If you have more than 6 users, please complete extra copies of this sheet. We can accept an Excel spreadsheet format in lieu of this form. If you are registering more than 12 users, please submit your registration information electronically using the spreadsheet format available on our website's ordering page.

User	User Email and Phone Number	User Type	Monthly Fee
First Name: Last Name: Credentials:		☐ Prescribing Clinician ☐ Non-Prescribing Clinician ☐ Office User ☐ Student/Intern	☐ $149.00 ☐ $ 20.00 ☐ $ 99.00 ☐ $ 5 e-sig ☐ $ 69.00 ☐ None ☐ $ 39.00 ☐ Other: __________
First Name: Last Name: Credentials:		☐ Prescribing Clinician ☐ Non-Prescribing Clinician ☐ Office User ☐ Student/Intern	☐ $149.00 ☐ $ 20.00 ☐ $ 99.00 ☐ $ 5 e-sig ☐ $ 69.00 ☐ None ☐ $ 39.00 ☐ Other: __________
First Name: Last Name: Credentials:		☐ Prescribing Clinician ☐ Non-Prescribing Clinician ☐ Office User ☐ Student/Intern	☐ $149.00 ☐ $ 20.00 ☐ $ 99.00 ☐ $ 5 e-sig ☐ $ 69.00 ☐ None ☐ $ 39.00 ☐ Other: __________
First Name: Last Name: Credentials:		☐ Prescribing Clinician ☐ Non-Prescribing Clinician ☐ Office User ☐ Student/Intern	☐ $149.00 ☐ $ 20.00 ☐ $ 99.00 ☐ $ 5 e-sig ☐ $ 69.00 ☐ None ☐ $ 39.00 ☐ Other: __________
First Name: Last Name: Credentials:		☐ Prescribing Clinician ☐ Non-Prescribing Clinician ☐ Office User ☐ Student/Intern	☐ $149.00 ☐ $ 20.00 ☐ $ 99.00 ☐ $ 5 e-sig ☐ $ 69.00 ☐ None ☐ $ 39.00 ☐ Other: __________
First Name: Last Name: Credentials:		☐ Prescribing Clinician ☐ Non-Prescribing Clinician ☐ Office User ☐ Student/Intern	☐ $149.00 ☐ $ 20.00 ☐ $ 99.00 ☐ $ 5 e-sig ☐ $ 69.00 ☐ None ☐ $ 39.00 ☐ Other: __________

Compute Annual Licensing fee for Practice below, then enter amount in "Annual Licensing" Order Total box ➔			**ORDER TOTAL:** ***Note: e-Rx requires a separate agreement. Email sales@icanotes.com***	**Annual Licensing Total**	**Monthly Total**
# Users: **A=**	# Computers: **B=**	Enter smaller of **A** or **B:** ____ x $65 = $________			

Please select your preferred payment method.

☐ Please charge my annual license fees and monthly service fees to the following credit card:

Name (as it appears on card):	
Billing Address of Card:	
Credit Card #:	Expiration: /
CSV Code(located on back of credit card):	

☐ Please charge my annual license fees and monthly service fees to the following checking account:

Name on Checks:
ABA Routing Number: (as it appears on checks between colons, example **:7675579932:**)
Account Number: (you can also fax a voided check with your service agreement)

I, _____, authorize ICANotes to invoice $_____ for annual license fees ($65 per user per year) and monthly charges in the amount of $_____. My monthly period will begin on _____.

Please contact us with any questions regarding this agreement at 866-847-3590, extension 3.

Training and technical information is available by calling 866-847-3590, extension 1.

Thank you for your business.

Please fax your completed service agreement to 443-992-4239 or email a scanned copy to sales@icanotes.com

Contact ICANotes:

Phone: (866) 847-3590
Fax: (443) 992-4239
sales@icanotes.com

It is important that our users comply with HIPAA regulations as they relate to the use of ICANotes. To remain compliant with HIPAA regulations:

- Do not send any Protected Health Information (PHI) to ICANotes staff via regular email or text.
- Send PHI to ICANotes staff using the ICANotes Patient ID via the ICANotes secure messaging center or fax and only when necessary to resolve a problem with using the ICANotes software program.