



Just CMS 1500 Forms

CMS 1500 Forms Are Our Only Business
HEALTH INSURANCE CLAIM FORM

FAX ORDER FORM

Fax Toll Free to 1-888-288-4910
or direct 1-928-223-0278

PO Box 932, Silverdale, WA 98383 | 866-900-5175 | 360-779-0090 | www.justcms1500forms.com

BILLING INFO:

CONTACT NAME: _____
COMPANY: _____
ADDRESS: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
FAX: _____
EMAIL*: _____

**email collected for confirmation purposes,
we do not share with 3rd parties.*

SHIP TO INFO

(IF DIFFERENT):
CONTACT NAME: _____
COMPANY: _____
ADDRESS: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
EMAIL*: _____

SHIP VIA: UPS GROUND (standard)
please circle **USPS Priority Mail for HI or AK shipments**
UPS Expedited: 2Day/Next Day

QUANTITY	PRODUCT <i>please circle choices below</i>	PRICE (EA.)	TOTAL PRICE
1	<input checked="" type="checkbox"/> pkg <input type="checkbox"/> ctn NEW (08/05) CMS 1500 FORMS <input checked="" type="checkbox"/> laser <input type="checkbox"/> 2-pt handwritten <input type="checkbox"/> pinfeed 1-pt; 2pt; 3pt	\$7.00	\$7.00

We also have matching
CMS envelopes, #10 or Catalog,
File Folders,
and
Appointment Cards

subtotal	\$7.00
shipping and handling <i>website will calculate shipping -or- call 1-866-900-5175 x2 for shipping cost</i>	\$4.95
sales tax (WA) 8.6% <i>(only applicable to WA state residents)</i>	
TOTAL	\$11.95

CREDIT CARD INFO**: **if mailing in your order with a check, PLEASE MAKE CHECKS PAYABLE TO genusSystems LLC**

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

AUTHORIZATION CODE*: _____

please make sure Billing Address (above) is the same address as the credit card billing address.

*Authorization Code is last 3 digits on the back of a Visa, MasterCard or Discover, and 4 digits on the front of an American Express card.

***justcms1500forms.com is a genusSystems LLC
website. Charges to your credit card will be reflected
as genusSystems' purchases.*