



Professional Services Agreement

Date: _____ Doctor/Practice Name: _____

Professional Service Requested: _____

Date Service is Needed By: _____

Fee for Professional Service: _____

All Professional Services provided by simplifyMD are pre-paid. Upon receipt of payment in full, the requested Professional Services will be authorized for implementation. To expedite the process, please provide credit card information below:

CC Type: _____ CC Number: _____ Exp: _____

Cardholder Name: _____

Signature: _____

****Cardholder agrees to a one-time charge processed by simplifyMD in the amount stated above.**

Reimbursable expenses will be billed immediately following service; and all invoices and receipts associated with reimbursable expenses will be submitted with invoice.

Professional Services and Fee Schedule

Professional Services Include:

- Workflow Consulting
- Practice Consulting
- Training (beyond initial sale)
- Re-Training
- Forms Creation
- Individual Technical Modifications
- Hardware and Desktop Support

Complimentary Services at no additional cost:

- Education via simplifyMD University
- Tip Sheets – informative sheets on common and advanced tasks
- Video Training and Testing
- Participation in regularly scheduled classes
- Forms Library

Fee Schedule:

Hourly Rates.....\$150 per Hour with 2 Hr Minimum (On-line)
 Daily Rates.....\$1,000 per 8 Hr Day
 Templates and Forms Development..... \$95 per Page
 Travel & Expenses.....Reimbursed by Doctor/Practice