



URGENT! email to admin@praxisemr.com or fax to 1818-337-2158

PRAXIS PAYMENT AUTHORIZATION FOR "EMR-DIRECT"

How many providers are there in your clinic _____

Will you need secure emails for any non-providers? If so how many -----

Please detail below the full names of all requesting users and how you want your clinic emails to be registered (be sure to select a clinic domain name which must be the same for all users). Note that the provider fee is not related to whether they are a user listed or not.

Example: Your.name@Yourclinicname.PraxisEMR.phimailbox.com (please modify the fields in blue, the text in black is standard for all Praxis clients)

| USER NAME AND TITLE | PROPOSED EMAIL ADDRESS | PROVIDER? (YES/NO) |
|---------------------|------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

1. Please send me an invoice IMMEDIATELY

2. a. I will use my PayPal account to authenticate my identity YES/NO. (No charges will be made to your Paypal Account). This is the email associated with it:

b I will use a Notary public instead

Full Name:

Clinic name:

Phone:

Signature:

Date: