



PROGRESSIVE PROVIDER SERVICES of COLORADO

Building Your PPS Team

Provider of Accounting and Reimbursement Services for the Long Term Care Industry

Med-Calc Software Order Form

Contact Name: _____

Company: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Name of Facility: _____ Provider Number: _____ Type of Cost Report (circle): _____ Price: _____

	Name of Facility:	Provider Number:	Type of Cost Report (circle):	Price:
1			SNF / HHA / Hospice / HO	
2			SNF / HHA / Hospice / HO	
3			SNF / HHA / Hospice / HO	
4			SNF / HHA / Hospice / HO	
5			SNF / HHA / Hospice / HO	

Total Number of Cost Reports: _____

Total Price: _____

For more facilities, please use page 2

Please bill my credit card:

Name on Card: _____

Credit Card Number: _____

Exp Date: _____

Check is enclosed / will be mailed

Please bill me

Please fax this completed form to (888) 405-4162 or mail together with a check to:

Progressive Provider Services LLC
245 S. Benton Street, Suite 300
Lakewood, CO 80226

For more information, please contact:

Rachel Gralnick at (877) 312-3203 rgralnick@ppsassistant.com or
Blimi Schwartz (800) 447-2540 blimi@ppsassistant.com.

Company Name: _____

Name of Facility: Provider Number: Type of Cost Report (circle): Price:

	Name of Facility:	Provider Number:	Type of Cost Report (circle):	Price:
6			SNF / HHA / Hospice / HO	
7			SNF / HHA / Hospice / HO	
8			SNF / HHA / Hospice / HO	
9			SNF / HHA / Hospice / HO	
10			SNF / HHA / Hospice / HO	
11			SNF / HHA / Hospice / HO	
12			SNF / HHA / Hospice / HO	
13			SNF / HHA / Hospice / HO	
14			SNF / HHA / Hospice / HO	
15			SNF / HHA / Hospice / HO	
16			SNF / HHA / Hospice / HO	
17			SNF / HHA / Hospice / HO	
18			SNF / HHA / Hospice / HO	
19			SNF / HHA / Hospice / HO	
20			SNF / HHA / Hospice / HO	
21			SNF / HHA / Hospice / HO	
22			SNF / HHA / Hospice / HO	
23			SNF / HHA / Hospice / HO	
24			SNF / HHA / Hospice / HO	
25			SNF / HHA / Hospice / HO	
26			SNF / HHA / Hospice / HO	
27			SNF / HHA / Hospice / HO	
28			SNF / HHA / Hospice / HO	
29			SNF / HHA / Hospice / HO	
30			SNF / HHA / Hospice / HO	