



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	Fiscal Year End	Type of Cost Report (circle):	Price
1				SNF/ HHA/ LU/ Hospice/ HO/ RHC	
2				SNF/ HHA/ LU/ Hospice/ HO/ RHC	
3				SNF/ HHA/ LU/ Hospice/ HO/ RHC	
4				SNF/ HHA/ LU/ Hospice/ HO/ RHC	
5				SNF/ HHA/ LU/ Hospice/ HO/ RHC	

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: _____

Authorized Signature: _____

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:

Blimi Schwartz (800) 447-2540 blimi@ppsassistant.com.

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