



POSTAGE DEPOSIT & CREDIT INFORMATION

Please fill out the information COMPLETELY and mail it in with your check to the location listed below.

On the web at: www.emdeon.com
http://www.emdeon.com/Physicians/physicians_patientbilling.php

Emdeon
PO. BOX 3494
TOLEDO, OH 43607-0494
800-537-7563 FAX: 419-324-1418

Please keep a copy of this form your records.

POSTAGE DEPOSIT

Emdeon maintains a strict policy of collecting a postage deposit from all customers utilizing our statement mailing service. Your postage deposit is not deducted from the first month's bill, it is held by Emdeon on your behalf. This deposit is based on an estimate of your postage usage during a 30-day period, according to the calculation below, or \$50.00, whichever is greater.

Please make your postage deposit check payable to Emdeon. Upon termination or expiration of your use of Emdeon, the postage deposit will be refunded less: (i) the cost of unused custom paper; and (ii) any outstanding payment due to Emdeon. The cost of unused custom paper will be determined at a cost of thirty-five dollars (\$35) per thousand (1,000).

Postage Deposit Worksheet

	x	.44	=	[]	[or]	[]
number of your monthly statements		postage rate		postage deposit amount		minimum deposit of \$50

Please Note: Emdeon will not be able to process a customer's live data file until the postage deposit has been received. Make check payable to: Emdeon and enclose the check with the completed copy of this form to one of the following address: Emdeon, P.O. Box 3494, Toledo, OH 43607-0494.

Thank You!

CLIENT INFORMATION

Facility Name (including d/b/a, a/k/a, f/k/a, etc.)

Street Address _____

City _____ State _____ Zip Code _____

Bill-to Address (if different from above):

City _____ State _____ Zip Code _____

Accounts Payable Employee to Contact _____

Phone / Ext. _____ Website Address _____

Direct Invoices to _____ Email Address _____

P.O. # (if applicable) _____ Tax ID _____

ExpressBill Acct. # (if known) _____

Sales Representative _____

Authorized Signature & Title _____ Date _____