

MedLink Neurology—Individual & Small Group Plans & Pricing

Individual Service Plan

The Individual Service Plan provides online access to *MedLink Neurology* at the MedLink Web site (www.medlink.com) for a single individual. The billable service period begins as soon as access is granted.

- ▶ **Annual Service Plan: \$399 per year**
— a savings of over 20% off the Quarterly Service Plan
- ▶ **Quarterly Service Plan: \$129 per quarter**

Small Group Service Plan

The Small Group Service Plan provides online access to *MedLink Neurology* for a small group of registered subscribers at a discount. To qualify for the Small Group Service Plan, there must be one primary subscriber and one billing contact, who may be the same person. Upon registration of subscribers who compose the group, MedLink will contact each subscriber by e-mail to obtain and validate a unique username and password for each individual.

- ▶ **Three registered subscribers: \$1150 per year**
- ▶ **Each additional registered subscriber up to ten: \$350 per year**
- ▶ **Each additional registered subscriber beyond ten up to twenty: \$250 per year**
- ▶ **Each additional registered subscriber beyond twenty: \$150 per year**

Resident Discount

Residents receive a 25% discount on the Annual Service Plan in the form of a rebate. Rebates will be given after payment has been received and proof of residency has been provided to MedLink Corporation. A signed letter from your program director verifying your residency status, along with a photocopy of your medical ID card, must be faxed to MedLink Corporation to demonstrate proof of residency. Residency status must be re-verified after each billing to claim subsequent rebates.

Terms

Service plan fees are charged at the beginning of each service period and are nonrefundable. The selected service plan will continue and renew automatically each new service period, unless changed or terminated.

Contact MedLink Corporation at any time to switch to another available service plan or to terminate service. Changes and terminations are effective at the conclusion of the paid service period.

Contact information, including mailing address, e-mail address, and phone number, is required for each registered subscriber, for the administrator, and for the billing contact.

Payments must be made in **US dollars**, preferably with a credit card (Visa, MasterCard, or American Express). A purchase order is required if payment cannot be provided by credit card. Invoices must be paid by the due date to ensure uninterrupted service. Contact MedLink Corporation if purchase orders are not available. Account statements showing credit card payments will be provided via e-mail and, on special request, via postal mail.

MedLink Neurology—Small Group Multi-Subscriber Registration Form

Small Group Subscriber Information

Small Groups must provide complete contact information for each additional subscriber, beyond the primary subscriber shown on the preceding Individual & Small Group Registration Form.

Subscriber # ___ of ___ (total): (Small Groups only)

First Name:		Last Name:			
Address:					
Address:					
City:		State:		Postal Code:	
Country:					
Phone:		Fax:			
Email:					
Username:	(6-12 characters, numbers and letters only)				
Password:	(6-12 characters, numbers and letters only)				

(*In some cases, the username selected might already be in use by another subscriber. In such a case, we will contact you via e-mail to request one or more alternate usernames.)

Subscriber # ___ of ___ (total): (Small Groups only)

First Name:		Last Name:			
Address:					
Address:					
City:		State:		Postal Code:	
Country:					
Phone:		Fax:			
Email:					
Username:	(6-12 characters, numbers and letters only)				
Password:	(6-12 characters, numbers and letters only)				

(*In some cases, the username selected might already be in use by another subscriber. In such a case, we will contact you via e-mail to request one or more alternate usernames.)

Subscriber # ___ of ___ (total): (Small Groups only)

First Name:		Last Name:			
Address:					
Address:					
City:		State:		Postal Code:	
Country:					
Phone:		Fax:			
Email:					
Username:	(6-12 characters, numbers and letters only)				
Password:	(6-12 characters, numbers and letters only)				

(*In some cases, the username selected might already be in use by another subscriber. In such a case, we will contact you via e-mail to request one or more alternate usernames.)

Use multiple copies of this form for Small Groups with more than four subscribers.

MedLink Neurology—Individual & Small Group Payment Form

Billing Contact

Same as Primary Subscriber

First Name:		Last Name:	
Address:			
Address:			
City:	State:	Postal Code:	
Country:			
Phone:		Fax:	
Email:			

Payment Method Authorization – Credit Card or Purchase Order

Visa MasterCard American Express

OR

Purchase Order

Credit Card Number

Signature of Cardholder

Expiration Date on Card (mm/yy)

Printed Name as it Appears on Card

Reference Number (if required)

Purchase Order Number

Authorized Signature

Print Name

Title

Credit Card Billing Information (Credit Card Payments Only)

Same as Billing Contact

First Name:		Last Name:	
Address:			
Address:			
City:	State:	Postal Code:	
Country:			
Phone:		Fax:	
Email:			

Please fax the completed forms to MedLink Subscriber Services at (619) 640-4664. If you have any questions regarding your *MedLink Neurology* subscription, please contact Subscriber Services.