

#### Tesia-PCI Corporation Electronic Claims License Agreement – General Instructions

**OPEN DENTAL** 

#### COMPLETING THE AGREEMENT

- A separate agreement must be completed for each Service Location/Tax ID combination.
- Please be sure to supply each provider's license number EXACTLY as it will be submitted on the claims.
- Please supply all requested information.
- Please sign and date the agreement.
- If you have elected to submit claims to United Concordia, you **MUST** contact their Electronic Services Department to request that Tesia-PCI be listed as your EDI Clearinghouse. They may be reached at (800) 633.5430.

#### SUBMISSION INSTRUCTIONS

- Please retain a copy of the agreement for your records.
- After completing the agreement, please fax a copy to (888) 690-2906.
- If you are unable to fax the agreement, please mail to:

Tesia-PCI Corporation
Attn: Dental Enrollment
3500 Sunrise Highway
Suite T102

Great River, NY 11739

If you should have any questions, please contact the Tesia-PCI Help Desk at 1-800-724-7240.

PHONE: (800) 724-7240



# Tesia-PCI Corporation Electronic Claims License Agreement – Profile Information

**OPEN DENTAL** 

Billing Location Information									
Practice Name or Billing Service Name:									
Street Address, Line 1:									
Street Address, Line	2:								
City:		State	e:		Zip:				
Phone:		Fax:							
Contact Name/Title:		Email Address:							
Please	Note: A separate a	areement must be con	npleted for	each Service L	ocation/Tax ID	combination.			
Service Location	Information								
Practice Name:									
Principal Doctor's Na	me:								
National Provider ID	(NPI) Assigned to Pra	actice (if applicable):							
Tax ID:			# of	Providers in Prac	ctice:				
Is the Service Location	on Address and Cont	act Information the sam	e as the Bill	ing Location?:	☐ YES	□ NO			
Street Address, Line	1:								
Street Address, Line	2:								
City:			State: Zip:						
Phone:		Fax:							
Contact Name/Title:			Email Address:						
System Information	on								
Do you have a com	nputer or intend to p	ourchase one within t	he next mo	onth?	YES	□ NO			
Operating System:	☐ Windows 98	☐ Windows M	E	☐ Windows N	IT	☐ Windows 2000			
	☐ Windows 2003	☐ Windows XI	P (Home)	☐ Windows X	(P (Pro)	☐ Windows VISTA			
	DOS	■ MAC		□ UNIX		☐ Other			
Internet Capability		☐ YES	□ NO						
Modem Type □ DIAL-UP (56k)			☐ BROADBAND (highspeed)						
Practice Management System			□ NO						
Practice Management System Vendor Name:									
Practice Management System Name:									
Practice Managemen	Practice Management System Version Number:								



# Tesia-PCI Corporation Electronic Claims License Agreement – Profile Information

OPEN DENTAL

Specialty Codes	General Dentist Pedodontist	19 63	Endodontist Periodontist	60 64	Oral Surgeon Prosthodontist	61 65	Orthodontist	62
Provider Information	(NOTE: License	Number	s Provided MUS	ST Match	How License Nur	nber Wil	Be Submitted	On Claims)
Provider Name:					Specialty (from	above):		
National Provider Identifie	er (NPI):				License Numbe	er:		
Social Security Number:								
Provider Name:					Specialty (from	above):		
National Provider Identifie	er (NPI):				License Numbe	er:		
Social Security Number:								
Provider Name:					Specialty (from	above):	-	
National Provider Identifie	er (NPI):				License Numbe	er:		
Social Security Number:								
Provider Name:					Specialty (from	above):		
National Provider Identifie					License Numbe	er:		
Social Security Number:								
Provider Name:					Specialty (from	-		
National Provider Identifie					License Numbe	er:		
Social Security Number:								
Provider Name:					Specialty (from			
National Provider Identifie					License Numbe	er:		
Social Security Number:					Consider the	ah a a\.		
Provider Name:					Specialty (from License Number	-	-	
National Provider Identifie					License Numbe	a.	-	
Social Security Number:								
General Information								
Approximate Number of 0	Claims Submitted	to All Car	riers Each Month	n:				
How did you hear about 1	Геsia-PCI Corpora	ation?						
Is your office currently su	bmitting electronic	c claims?	☐ YES		) Vendo	r		
Credit Card Informati								
☐ Visa	a	□ Ма	sterCard		☐ American E	xpress		iscover
Credit Card Number:								
Expiration Date:				CSC I	Number:			
Company Name:				Individ	lual Name:			
Signature of Card Holder								
Billing Address Street:								
Billing Address City/State	·Zin·							
Dining Address Only/State	<u></u> .							





### Tesia-PCI Corporation Electronic Claims License Agreement – Plan Registration

						HAWAII
	34196 TLU33	APEX Benefit Services Atlas Administrators Doral Dental USA (includes all plans administered		HMS.		BCBS of Hawaii (HMSA) - Commercial BCBS of Hawaii (HMSA) - Federal
_	CX014	by Doral Dental)				IDAHO
	74234 CX050 TLX45 MHHNP CDCAP	ERISA First Care/Southwest Life & Health Global Healthcare (c/o People 1 <sup>st</sup> ) Memorial Hermann Health Network Private Medical Care (PMI)		CBID 0061 CKID	1	BC of Idaho BS of Idaho Medicaid of Idaho
	95202	SummaCare				ILLINOIS
	25175 0000D	Unison Healthplans (formerly Three Rivers Health Administrators, Monroeville, PA) United Concordia (includes all plans administered		CB62 CX01		BCBS of Illinois (HCSC) Medicaid of Illinois
_		by United Concordia) United Healthcare of River Valley (formerly John				INDIANA
	95378	Deere)	_	CKIN	.11	Medicaid of Indiana
		ALABAMA	_	ORII	<b>V</b> 1	
	CBAL1	BCBS of Alabama				IOWA
	CKAL1	Medicaid of Alabama  ALASKA		CBIA CBIA CKIA	2	BCBS of Iowa (FEP and Farm Bureau) BCBS of Iowa (Wellmark Blue Dental) Medicaid of Iowa
		ALASKA				
	CKAK1	Medicaid of Alaska				KANSAS
	83470	ARKANSAS  BCBS of Arkansas		4716 4717		BS of Kansas BS of Kansas City
						KENTUCKY
ш	CKAR1	Medicaid of Arkansas				RENTOCKT
	CKART		_	CDK		Delta Dental of Kentucky
	94146	CALIFORNIA  Medicaid of California (Denti-Cal)		CDKY CKKY TLU1	/1	
		CALIFORNIA		CKK	/1	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental)
		CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado		CKKY TLU1 2373 CKLA	/1  0  9  \2	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT
	94146	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO		CKK\ TLU1 2373	/1  0  9  \2	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)
	94146	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado		CKKY TLU1 2373 CKLA	/1  0  9  \2	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT
	94146 CKCO1	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT		CKKY TLU1 2373 CKLA	/1  0  9  \(\frac{1}{2}\)	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)
	94146 CKCO1	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT  Medicaid of Connecticut		CKKY TLU1 2373 CKLA	/1  0  9  \(\frac{1}{2}\)	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)  MAINE
	94146 CKCO1 CKCT1	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT  Medicaid of Connecticut  DELAWARE		2373 CKLA CKLA	/1 0 9 .2 .1	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)  MAINE  Medicaid of Maine  MARYLAND
	94146  CKCO1  CKCT1  51022	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT  Medicaid of Connecticut  DELAWARE  Delta Dental of Delaware		CKKY TLU1 2373 CKLA	/1 0 9 .2 .1 E1	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)  MAINE  Medicaid of Maine
	94146  CKCO1  CKCT1  51022	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT  Medicaid of Connecticut  DELAWARE  Delta Dental of Delaware Medicaid of Delaware (New Castle, DE)		2373 CKLA CKLA	/1 0 9 .2 .1 E1	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)  MAINE  Medicaid of Maine  MARYLAND  Delta Dental of Maryland
	94146  CKCO1  CKCT1  51022  CKDE1	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT  Medicaid of Connecticut  DELAWARE  Delta Dental of Delaware Medicaid of Delaware (New Castle, DE)  DISTRICT OF COLUMBIA		2373 CKLA CKLA CKM	(1 0 9 12 11 E1 66 D1	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)  MAINE  Medicaid of Maine  MARYLAND  Delta Dental of Maryland Medicaid of Maryland (Dept of Health)  MASSACHUSETTS  BCBS of Massachusetts
	94146  CKCO1  CKCT1  51022  CKDE1	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT  Medicaid of Connecticut  DELAWARE  Delta Dental of Delaware Medicaid of Delaware (New Castle, DE)  DISTRICT OF COLUMBIA  Delta Dental of Washington DC		2373 CKLA CKLA CKM	(1 0 9 12 11 E1 66 D1	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)  MAINE  Medicaid of Maine  MARYLAND  Delta Dental of Maryland Medicaid of Maryland (Dept of Health)  MASSACHUSETTS  BCBS of Massachusetts Medicaid of Massachusetts Medicaid of Massachusetts
	94146  CKCO1  CKCT1  51022  CKDE1	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT  Medicaid of Connecticut  DELAWARE  Delta Dental of Delaware Medicaid of Delaware (New Castle, DE)  DISTRICT OF COLUMBIA  Delta Dental of Washington DC  FLORIDA		CKKY TLU1 2373 CKLA CKLA CKM	(1 0 9 (2 (1 1 E1 66 D1	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)  MAINE  Medicaid of Maine  MARYLAND  Delta Dental of Maryland Medicaid of Maryland (Dept of Health)  MASSACHUSETTS  BCBS of Massachusetts Medicaid of Massachusetts Medicaid of Massachusetts MiCHIGAN
	94146  CKCO1  CKCT1  51022  CKDE1	CALIFORNIA  Medicaid of California (Denti-Cal)  COLORADO  Medicaid of Colorado  CONNECTICUT  Medicaid of Connecticut  DELAWARE  Delta Dental of Delaware Medicaid of Delaware (New Castle, DE)  DISTRICT OF COLUMBIA  Delta Dental of Washington DC  FLORIDA  Medicaid of Florida		2373 CKLA CKLA CKM	(1 0 9 (2 (1 1 E1 66 D1	Delta Dental of Kentucky Medicaid of KY Region 3 (Doral Dental) Medicaid of KY Region 5 (KY Health Select)  LOUISIANA  BCBS of Louisiana Medicaid of Louisiana – ADULT Medicaid of Louisiana – EPSDT (CHILD)  MAINE  Medicaid of Maine  MARYLAND  Delta Dental of Maryland Medicaid of Maryland (Dept of Health)  MASSACHUSETTS  BCBS of Massachusetts Medicaid of Massachusetts Medicaid of Massachusetts

PHONE: (800) 724-7240



# Tesia-PCI Corporation Electronic Claims License Agreement – Plan Registration

		MINNESOTA			OKLAHOMA		
	CKMN1	Medicaid of Minnesota		CKOK1	Medicaid of Oklahoma		
	01/1101	MISSISSIPPI		00.00	OREGON		
_	CKMS1	Medicaid of Mississippi	<u> </u>	CB850 CKOR1	BCBS of Oregon (Regence) Medicaid of Oregon		
		MISSOURI			PENNSYLVANIA		
	CKMO1	Medicaid of Missouri		CB865 CBPA2	Blue Shield of Pennsylvania (Camp Hill) Blue Shield of Pennsylvania Dental Plus		
		MONTANA		23166	Delta Dental of Pennsylvania		
	CKMT1	Medicaid of Montana		CX014 CKPA1	Medicaid of PA (Best Health Care, Gateway Health Plan, Oaktree, Health Partners) Medicaid of PA (Dept of Public Welfare)		
		NEBRASKA		CRPAT	<u> </u>		
	MCNE1	Medicaid of Nebraska			RHODE ISLAND		
		NEVADA		CB870 CKRI1	BCBS of Rhode Island Medicaid of Rhode Island		
	MCNV1	Medicaid of Nevada			SOUTH CAROLINA		
		NEW HAMPSHIRE		CKSC1	Medicaid of South Carolina		
	CKNH1	Medicaid of New Hampshire			TENNESSEE		
		NEW JERSEY		CBTN1	BCBS of Tennessee		
	22099	BCBS of New Jersey (Horizon BCBS)		CX014	Medicaid of Tennessee		
	CKNJ1	Medicaid of New Jersey			TEXAS		
		NEW MEXICO		84980 CKTX1	BCBS of Texas (HCSC) Medicaid of Texas		
	84100 BCBS of New Mexico (HCSC) CKNM1 Medicaid of New Mexico			VERMONT			
		NEW YORK		CIO/T4			
				CKVT1	Medicaid of Vermont		
	EXC01	BCBS of New York (Finger Lakes, Rochester, Utica, Watertown)			VIRGINIA		
	EXC02 00301	BCBS of New York (Central NY, Syracuse) BCBS of Western New York		CKVA1	Medicaid of Virginia (Richmond, VA)		
	00800	BS of Northeastern New York			WASHINGTON		
	11198 EXC01	Delta Dental of New York Excellus, Inc		93200	BS of Washington (Regence)		
	55204	HealthNow NY Horizon Healthcare of New York		CKWA1	Medicaid of Washington		
	22099 CKNY1	Medicaid of New York			WEST VIRGINIA		
	16105	Univera of New York		31096	Delta Dental of West Virginia		
		NORTH CAROLINA		CKWV1	Medicaid of West Virginia		
	CKNC1	Medicaid of North Carolina			WISCONSIN		
		NORTH DAKOTA		39141	BCBS of Wisconsin (United)		
	CX004	BCBS North Dakota (ND Dental Services)		CKWI1	Medicaid of Wisconsin		
		ОНЮ			WYOMING		
	СКОН1	Medicaid of Ohio		CKWY1	Medicaid of Wyoming		

Tesia-PCI Corporation Long Island Technology Center 3500 Sunrise Highway; Suite T102 Great River, NY 11739 PLEASE FAX TO (888) 690-2906

WEB: www.tesia.com Payors\_Registration\_All\_2007531

PHONE: (800) 724-7240



#### **Tesia-PCI Corporation Electronic Claims License Agreement - License**

**OPEN DENTAL** 

This is a LICENSE from Tesia-PCI Corporation ("Tesia") to the practice named below ("Customer"), identified as:

Practice Name	:Principal Doctor's Name:
	copying or otherwise using the Tesia software, the Customer agrees to be bound by the terms and conditions of this the Customer does not agree to these terms and conditions, do not install, copy or use the Tesia software.
Tesia grants the 0	ustomer a license to use the Tesia software for the sole purpose of recording, transmitting and/or receiving electronic data interchange transactions.
	ectronically, all claims submitted by the Customer through the Tesia software to the appropriate insurance carrier, directly or through affiliated clearinghouses, subject to said insurance carriers and subject to electronic connection availability to carriers by Tesia. All other claims will be printed to paper and mailed to the appropriate carrier via faster.
	insible for the insurance carrier processing of any dental or medical claims. No promise or guarantee exists between Tesia and the Customer as to the time elapsed for claims by any carrier, nor that the carrier will process any claim in electronic or paper format.
	insible for the rejection of or the cost of processing of claims due to incorrect or incomplete claim information provided by the Customer. Tesia or its personnel cannot redelete any claim data submitted to it by the Customer (except that it may remove any zero fee procedure code). Any errors must be corrected by the Customer and
	ees that the Customer will only use Tesia software for lawful purposes and any claims information or data submitted by the Customer to Tesia or insurance carriers through hin the Customer's control and the Customer has any and all necessary permissions to submit said claims, data or information.
responsibility of the responsible for the Customer or the into review and copies.	derstands that in some cases Tesia systems utilize databases containing information regarding patient eligibility and coverage. The accuracy of any such information is the ne insurance carriers. Tesia does not take responsibility for any inaccuracies as long as Tesia has acted in good faith and without gross negligence. The Customer is e information supplied to the insurance carriers. Tesia has no responsibility to the Customer or the Customer's patients for any incorrect information supplied by the subject to periodic post payment audits by the insurance carriers. The insurance carriers have the right by the Customer's records and related billing information, pursuant to any agreement between the Customer and the insurance carrier. A copy of this Agreement is available their discretion; credit card information will not be disclosed.
regulations, allow organizations is all uses technical saf	didelines, as stated by the US Department of Health and Human Services, and outlined within the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") for the assignment and recognition of a "Business Associate" relationship, such as the one outlined in this agreement, between two organizations, whereas one of the ele to perform certain functions and services for the other organization, as required by federal and state regulations, so as to facilitate compliance with said regulations. Tesia eguards to ensure the privacy and integrity of all information transmitted to or from its system. Such safeguards include password protection, data encryption, connection out/output verification. All Tesia staff receive training in the proper ways to use personally identifiable healthcare information and execute a confidentiality agreement to that
pertaining to data mandated data co Customer and Tes	reform said functions and services as stated herein for the Customer so as to enable the Customer to comply with regulations promulgated under HIPAA, specifically collection and secure transfer between the Customer and Tesia as well as Tesia and third-party entities and insurance carriers, on behalf of the Customer, using specifically intent and format. Should either state or federal regulatory bodies change existing guidelines during the term of this agreement so as to negate the relationship between the ia, or cause said understanding of the relationship by both parties to become invalid, both parties shall work in good faith to re-address and re-define their relationship so as ant in an expedient and timely manner.
_	Administration Billing Option
to change f Tesia will d discretion,	Il the Customer in advance of services each month at the rate of \$15.00 per month, per tax ID for unlimited eligibility and claim status submissions. Tesia reserves the right eses charged by giving the Customer ninety (90) days advance notice of the change. If the monthly service plan is selected, on the first day of the month preceding service, bebit to the Customer's valid credit card, under the name "Tesia" the sum of \$15.00. If the credit card carrier rejects or the Customer disputes these charges, then at Tesia's he Customer's electronically transmitted claims may be held without forwarding to the insurance carriers, until such time as the Customer makes payment to Tesia in the not change in the customer of services and the customer makes payment to Tesia in the not contain the customer of services are the customer of services and the customer of services are the customer of services and the customer of services are the custo
	Claim Submission Billing Options (please choose one ONLY)
the change per claim fo (\$100.00). Customer d the Custom	If the Customer at the rate of thirty-five cents (\$0.35) per claim. Tesia reserves the right to change any/all fees by giving the Customer ninety (90) days advance notice of Tesia will debit to the Customer's valid credit card the sum of one hundred dollars (\$100.00) at the beginning of the agreement and utilize and deduct from this amount the es referenced above. When the account credit balance reaches ten dollars (\$10.00) or less, then Tesia will debit the Customer's credit card the sum of one hundred dollars This process will continue until such time as the Customer ceases to use the Tesia software and this agreement is terminated. If the credit card carrier rejects or the sputes these charges, then at Tesia discretion, the Customer's electronically transmitted claims may be held without forwarding to the insurance carriers, until such time as the makes payment to Tesia in the form of cash, check or valid credit card. Tesia will provide a monthly statement, transmitted electronically through the Tesia software or as by Tesia, that details are charges to the Customer during the prior month.
charged by the Custom Customer's	Ill the Customer in advance of services each month at the rate of \$29.95 per month, per tax ID for unlimited claims submission. Tesia reserves the right to change fees giving the Customer ninety (90) days advance notice of the change. If the monthly service plan is selected, on the first day of the month preceding service, Tesia will debit to er's valid credit card, under the name "Tesia" the sum of \$29.95. If the credit card carrier rejects or the Customer disputes these charges, then at Tesia's discretion, the electronically transmitted claims may be held without forwarding to the insurance carriers, until such time as the Customer makes payment to Tesia in the form of cash, id credit card.
submit claims if t	software updates from time to time at a nominal charge to cover duplication and shipping. Tesia reserves the right to prevent a Customer from using the Tesia software to the Customer does not maintain current Tesia software. The Tesia software is owned by and shall remain the exclusive property of Tesia. This agreement only provides a to use the software. All trademarks, service marks, copyrights and trade secrets are the property of Tesia and all rights are reserved.
functionality, secu	extent permitted by applicable law, Tesia provides to the Customer the Tesia software as is and hereby disclaims all warranties whether express or implied as to the rity (unless within reasonable control of Tesia) and integrity of Tesia software. While Tesia uses reasonable care to protect the integrity of any transmitted or stored data, the direct control of Tesia (e.g., viruses, power fluctuations, or external software interactions) cannot be warranted, nor will Tesia be liable for any damage or corruption of are.
in connection wit	Id harmless, indemnify and reimburse Tesia and its affiliates for any and all claims, judgments, liabilities or costs, including attorney's fees, which arise out of or are incurred a providing services under this agreement relating to claims processing on behalf of the Customer. The maximum liability of Tesia in any event for any claim is the fees for said claim or claims, not to exceed the average of any three consecutive months of service charges.
	e, Tesia may send unsolicited faxes to the Customer in order to provide information regarding our services, products and/or informational updates. Acceptance of this es the Customer's willingness to receive said materials.
I understand	I and agree to the aforementioned terms and conditions:
DATE:	CUSTOMER (principal doctor's signature):
Tesia-PCI Corpo	ration PLEASE FAX TO (888) 690-2906 PHONE: (800) 724-724(