



# Support Authorization

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Practice Name:		Contact:
Phone:	Fax:	Backline Number:

### Description of Service Requested

Support Phone Call (1/2 hour minimum \$60 – each additional 1/4 hour \$30)

Each call is charged on a per call basis. Time cannot be carried over from one call to another.

Medisoft Version \_\_\_ Net Pro \_\_\_ Cloud \_\_\_ Advanced \_\_\_ Basic  
\_\_\_ Electronic Claims \_\_\_ Trizetto/Gateway \_\_\_ ZirMed \_\_\_ Not Listed

Please describe with as much detail as possible the issue relating to this call. Include the error message received and where you were in the program when this issue began.

Method of Payment: Visa MasterCard American Express  
Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Please Print: Account Holder's Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Billing City/State/Zip: \_\_\_\_\_

I hereby authorize JBS of Central Florida to charge my credit card listed above for the product and/or service listed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_