



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: _____