



SCREEN INC.TM

CANS-MCI

Computer-Administered Neuropsychological Screen
For Mild Cognitive Impairments

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Seattle, WA 98109-4512
866-668-9038
www.screen-inc.com

FAX Enrollment Form to 206-260-8884 or Email to sales@screen-inc.com

Practice Demographics				
Physician/Partner Name:	First:	Last:	Title:	Specialty:
Practice/Office Name:				
Name to appear on reports:				
Physical Address: (For Screen Inc. to mail invoice)				Suite:
City:			State:	ZIP:
Office Phone:		Office Fax:		
Accounts Payable: Responsible for monthly invoice payment to Screen Inc. Invoices sent by FAX or Email				
Contact Person:			Title:	
Direct Phone:		Fax:		
Email:			Check Email <input type="checkbox"/> or Fax <input type="checkbox"/> for delivery of invoices	
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card:				
Payment Terms: Net 15 days, invoiced monthly				
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Card Number	Expiration	CVV #
<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX		-- / --	
Medical Billing: <input type="checkbox"/> In-House <input type="checkbox"/> Out-sourced				
Contact Person:			Phone:	
Company:			Email:	
Report Details: CANS-MCI is sent as a one or two-page PDF file				
Report Format: <input type="checkbox"/> One Page <input type="checkbox"/> Two Page				
Email where Reports to be sent:			Backup Email:	
Omit driving statements on the Physician Report <input type="checkbox"/>				
Reporting Contact (MD, MA, RN, PA, MSW, PhD, DO, NP):			Phone:	
Software, Hardware & Installation Details:				
Operating System must be Windows 7 or newer: _____		<input type="checkbox"/> 32 Bit <input type="checkbox"/> 64 Bit, PC Model: _____		
Authorization:				
Physician/Authorized Signature:			Date:	
Screen Inc. Account Manager:			Rep Organization:	
*Billing Practice Acknowledgment: I've received/read and understand the billing practices for the CANS-MCI and agree that the medical practice is responsible for obtaining any prior authorizations or reimbursements from insurance carriers. <input type="checkbox"/>			Authorized Signature:	