



CANS-MCI

The Computer-Administered Neuropsychological Screen for Mild Cognitive Impairments

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Seattle, WA 98109-4599

1-866-668-9038

<https://screen-inc.com/>

FAX this 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:				
Practice Physical Address:				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 & Extension:		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 <input type="checkbox"/> Monthly Charges Pre-approved <input type="checkbox"/> Monthly Approval Required]				
Payment Terms: Net 15 days, invoiced monthly (Cost per test result: \$ _____)				
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Card Number	Expiration	CVV #
<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX		__ / __	
Name on card:				
Card Billing Address: (if different than practice physical address)				Suite:
City:		State:	ZIP:	
Medical Billing: <input type="checkbox"/> In-House <input type="checkbox"/> Out-sourced				
Contact Person:			Phone:	
Company:			Email:	
Assessment & Report Options:				
Report Format: <input type="checkbox"/> One Page <input type="checkbox"/> Two Page		Patient Uniqueness: <input type="checkbox"/> Last 4 digits of SSN <input type="checkbox"/> Last 4 characters of MRN		
Email where Reports are to be sent:				
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:				
Windows Operating System: _____		<input type="checkbox"/> 32 Bit <input type="checkbox"/> 64 Bit, PC Make/Model: _____		
Installation Fee: \$ _____ (per system/office) will show on your first monthly invoice from Screen, Inc. Includes lifetime installation, configuration, staff training, tech support, billing support, and upgrades at no additional cost.				
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:	