SCREEN INC.™
CANS-MCI
The Computer-Administered Neuropsychological Screen for Mild Cognitive Impairments

300 Queen Anne Ave N. #394
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 ◯ or Fax ◯ for delivery of invoices	
Payment Method is by Credit Card held on file at Screen, Inc. ☐ By checking this box you pre-approve Monthly Charges using your CC Payment Terms: **Net 15 days, invoiced monthly (Cost per test result: $ _____)**			
◯ Visa ◯ MasterCard ◯ Discover ◯ AMEX	Card Number	Expiration _ _ / _ _	CVV #
Name on card:			
Card Billing Address: (if different than practice physical address)			Suite:
City:		State:	ZIP:

Medical Billing: ◯ In-House ◯ Out-sourced			
Contact Person:		Phone:	
Company:		Email:	

Assessment & Report Options:			
Report Format: ◯ One Page ◯ Two Page	Patient Uniqueness: ◯ Last 4 digits of SSN	◯ Last 4 characters of MRN	
Email where Reports are to be sent:			
Omit driving statements on the Physician Report ☐			
Reporting Contact (MD, MA, RN, PA, MSW, PhD, DO, NP):		Phone:	

Software, Hardware & Installation Details:	
Windows Operating System: _____	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. ☐		Authorized Signature: