



Welcome to ADVANTAGED Medical Solutions

To enroll, please complete this Enrollment Form along with a W-9 and fax them both to 866.532.3381. Please note this agreement is for 1 year and automatically renews unless we receive notification 30 days prior to the anniversary date listed here: __/__/__. Please direct any questions to either 832.800.4150 or amsverifies@gmail.com. In accordance with Stark Law, we reimburse you for the time and effort you take fitting, teaching, and monitoring the patient's usage at a rate of \$200 per approved fitting.

Doctor's Name: _____

Practice Name: _____

Business Street Address: _____

City, State, Zip: _____

E-mail: _____

Tax ID: _____ NPI: _____

Preferred Contact Person Email: _____ Phone: _____

Make ADVANTAGED Medical Solutions checks payable to: _____

Number of doctors in practice: _____

Please Circle: CA Receptionist Office Manager Doctor

Hours of Operation

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

ADVANTAGED Medical Solutions offers a "cost free" program that is designed to place portable modalities such as Back Braces, Cervical Pumps, TENS, Muscle Stimulators (EMS) and TENS/EMS combo units in your office on consignment. We reimburse you for the time and effort you take fitting, teaching, and monitoring the patient's usage (\$200 per fitting). This is a great way to increase revenue for your practice and help your patients with home therapy in between office visits.

Rep Name: _____