

## CashFlow Assistant Enrollment

Please Complete **All 3 Pages**. Missing information will delay enrollment. Thank You.

### 1. Practice Information:

Practice Name: \_\_\_\_\_  
 Practice Contact Name/Title: \_\_\_\_\_  
 Practice Street Address: \_\_\_\_\_  
 Practice City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Practice Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Practice / Type 2 NPI #: \_\_\_\_\_ Tax #: \_\_\_\_\_  
 Practice Email: \_\_\_\_\_

### 2. Providers Information: (If you have more than three providers, place their info on a separate piece of paper)

**Specialty Code:** General Dentist: 301 | Endodontist: 303 | Oral Surgeon: 309 | Orthodontist: 307 | Pediatric: 304 | Periodontist: 305 | Prosthodontist: 306 | Denturist 310

Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_

**2. PMS System Information:** Practice Management Software Name: \_\_\_\_\_ Version: \_\_\_\_\_

3. Package Selection: (select one)	Package Pricing
<input type="checkbox"/> <b>Unlimited Claim submission</b> Claims, Claim Status, Claim Validation , Electronic Remittance Advice, + Electronic Eligibility	\$69.95/Month
<input type="checkbox"/> <b>FLAT RATE (unlimited claim submission) first 2 months free of claim submission</b>	\$50.00/Month

### 4. Payment Options: (select one)

**Credit Card Information**

Credit Card Type:       Visa       Master Card       American Express       Discover

Credit Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_ (MMYY)

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code \_\_\_\_\_

**ACH or Debit Card**

I (we) hereby authorize **ExtraDent (CAT)** to initiate entries to my (our) checking/savings account and if necessary initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until ExtraDent is notified by me (us) in writing to cancel this payment option.

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_      Checking or Savings (circle one)

Promotion Code: CH1919      Promoter Name: Chris Haines

PHONE: (866) 886-5113 Opt 1      **FAX THIS FORM TO: 800-208-6951**

## 5. ClaimX Software License Agreement (Signature Required Below)

This is a LICENSE from Computer Aided Technologies, Inc. d.b.a. Extradent ("CAT") to the practice named below ("Customer"), identified as user of the software.

By installing, copying or otherwise using the CAT software, the Customer agrees to be bound by the terms and conditions of this agreement. If the Customer does not agree to these terms and conditions, do not install, copy or use the CAT software.

CAT grants the Customer a license to use the CAT software for the sole purpose of recording, transmitting and/or receiving electronic health transactions. Customer shall not use the CAT Software for any purpose other than the submission of claims to CAT and/or its affiliated clearinghouses.

CAT will send electronically all claims submitted by the Customer through the CAT software to the appropriate insurance carrier, directly or through affiliated clearinghouses, after said data has been edited and error-corrected and subject to limitations set by said insurance carriers and subject to electronic connection availability to carriers by CAT. All other claims will be printed to paper and mailed to the appropriate carrier via first class mail or faster.

CAT is not responsible for the insurance carrier processing of any dental or medical claims. No promise or guarantee exists between CAT and the Customer as to the time elapsed for processing of any claims by any carrier, or that the carrier will process any claim in electronic or paper format, or that the carrier will accept or reject any claims for processing or payment.

CAT is not responsible for the rejection of or the cost of processing claims due to incorrect or incomplete claim information provided by the Customer. CAT or its personnel cannot change, add to or delete any claim data submitted to it by the Customer (except that it may remove any zero fee procedure code). Any errors must be corrected by the Customer and resubmitted.

The Customer agrees that the Customer will only use CAT software for lawful purposes and any claims information or data submitted by the Customer to CAT or insurance carriers through CAT is legally within the Customer's control and the Customer has any and all necessary permissions to submit said claims, data or information.

The Customer understands that CAT systems utilize databases containing information regarding patient eligibility and coverage. The accuracy of any such information is the responsibility of the insurance carriers. CAT does not take responsibility for any inaccuracy as long as CAT has acted in good faith and without gross negligence. The Customer is responsible for the information supplied to the insurance carriers. CAT has no responsibility to the Customer or the Customer's patients for any incorrect information supplied by the Customer. The information provided by the Customer will be subject to periodic post payment audits by the insurance carriers. The insurance carriers have the right to review and copy the Customer's records and related billing information. A copy of this Agreement is available to CAT payers at their discretion; credit card information will not be disclosed.

Current federal guidelines, as stated by the US Department of Health and Human Services, and outlined within the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations, allow for the assignment and recognition of a "Business Associate" relationship, such as the one outlined in this agreement, between two organizations, whereas one of the organizations is able to perform certain functions and services for the other organization, as required by federal and state regulations, so as to facilitate compliance with said regulations. CAT uses technical safeguards to ensure the privacy and integrity of all information transmitted to or from its system. Such safeguards include password protection, data encryption, connection monitoring and input/output verification. All CAT staff receive training in the proper ways to use personally identifiable healthcare information and execute a confidentiality agreement to that end.

CAT agrees to perform said functions and services as stated herein for the Customer so as to enable the Customer to comply with regulations promulgated under HIPAA, specifically pertaining to data collection and transfer between the Customer and CAT as well as CAT and third-party entities, on behalf of the Customer, using specifically mandated data content and format. Should either state or federal regulatory bodies change existing guidelines during the term of this agreement so as to negate the relationship between the Customer and CAT, or cause said understanding of the relationship by both parties to become invalid, both parties shall work in good faith to re-address and re-define their relationship so as to become compliant in an expedient and timely manner.

CAT may provide software updates from time to time as a nominal charge to cover duplication and shipping. CAT reserves the right to prevent a Customer from using the CAT software to submit claims if the Customer does not maintain current CAT software or if the Customer fails to pay applicable charges for use or violates any other term of this Agreement.

The CAT software is owned by and shall remain the property of CAT. This agreement only provides a single use license to use the software. All trademarks, service marks, copyrights and trade secrets are the property of CAT and/or its Licensers and all rights are reserved. Customer shall not copy, modify, display, distribute, or use the CAT Software other than as provided under the license granted in this Agreement, and shall not merge the CAT Software or any portion thereof with any other software. Customer shall not attempt or permit others to attempt to reverse engineer, disassemble or decompile the CAT Software. Customer shall not grant any sublicenses or otherwise transfer any rights in or to the CAT Software or permit any third party to use the CAT Software. Customer shall uninstall and remove the CAT Software from any machine of Customer prior to the sale or other transfer or disposition of that machine.

To the maximum extent permitted by applicable law, CAT provides CAT Software to the Customer "as is" and hereby disclaims all warranties whether express or implied as to the functionality, security (unless within reasonable control of CAT), fitness for a particular purpose and integrity of CAT software. While CAT uses reasonable care to protect the integrity of any transmitted or stored data, events outside of the direct control of CAT (e.g., viruses, power fluctuations, or external software interactions) cannot be warranted, nor will CAT be liable for any damage or corruption of said data or software. CAT specifically makes no warranty that the CAT Software will operate as intended on any particular machine or machines of Customer, or that the CAT Software will be compatible with any third party software installed and used by Customer.

The maximum liability of CAT for any claim asserted hereunder shall not exceed one month's service charges, based on the average service charges for the three immediately preceding months. Any such claim must be asserted by Customer to CAT within twelve (12) months after the occurrence of the event on which such claim is based. CAT shall not under any circumstances be liable to Customer in contract, tort or otherwise, for any indirect, incidental, consequential or special damages resulting from or arising out of this Agreement, the installation or use of the CAT Software or any services provided or to be provided by CAT hereunder.

Customer shall hold harmless, indemnify and reimburse CAT and its affiliates for any and all claims, judgments, liabilities or costs, including attorney's fees, which arise out of or are incurred in connection with any information provided by Customer to CAT in connection with the claims processing services performed on behalf of the Customer.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Promotion Code:

CH1919

Promoter Name:

Chris Haines

PHONE: (866) 886-5113 Opt 1

**FAX THIS FORM TO: 800-208-6951**

2 of 3

### 6. Check List for Additional Enrollment

The Insurance Carriers listed below require additional clearinghouse enrollment paperwork in order to accept claims electronically. In most cases it is just a one or two page form with your practice and or provider information and signature. Please select only the insurance companies that your practice will be sending claims too and we will forward the forms to you by email and or fax once we have set up your account. The insurance companies not listed below do not require any additional forms to be completed prior to accepting claims through us.

- Blue Shield of ID (In State Only)(CBID2)
- Blue Cross of KS (In State Only)(CBKS1)
- Blue Cross Blue Sheild of KS City (MO) (DX067)
- Blue Cross of MS (In State Only)
- Blue Cross of ND (CX004)
- Blue Cross of TN (CBTN1)
- Blue Cross of Western New York (801)
- Blue Shield of Northeastern New York (800)
- Deseret Mutual Benefit Administrators (DX214)
- Denti-Cal (94146)
- Health Now New York (55204)
- Medicaid of CT (CKCT1)
- Medicaid of DE (CKDE1)
- Medicaid of DC (77033)
- Medicaid of FL (CKFL1)
- Medicaid of GA (CKGA1)
- Medicaid of IA (CKIA1)
- Medicaid of KY (CKKY1)
- Medicaid of ME (CKME1)
- Medicaid of MI (CKMI1)
- Medicaid of MN (CKMN1)
- Medicaid of MS (CKMS1)
- Medicaid of NC (CKNC1)
- Medicaid of NJ (CKNJ1)
- Medicaid of NV (CKNV1)
- Medicaid of NY (CKNY1 & CKNY2)
- Medicaid of TX (CKTX1)
- Medicaid of UT (CKUT1)
- Medicaid of VT(CKVT1)
- Medicaid of WA (CKWA1)
- Medicaid of WY (CKWY1)

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