



medical-objects
Australia's Fastest Secure Messaging

P.O. Box 5048 Maroochydore B.C. 4558
Phone: 07 5456 6000. Fax: 07 3221 0220
Email: register@medicalobjects.com

| Practice Details | | | |
|---|--|---|--|
| Practice Name | | | |
| Street Name | | | |
| City | | Postcode | |
| Mailing Address | | | |
| Street / PO Box | | | |
| City | | Postcode | |
| Phone | | Fax | |
| Email Address | | | |
| Billing Details | | | |
| Contact Name | | Phone | |
| Email Address | | | |
| Contact Details | | | |
| Practice Manager | | IT Support Contact | |
| Who would you prefer to install the software? | <input type="checkbox"/> Medical-Objects | <input type="checkbox"/> IT Support Contact | IT Support Ph No. |
| | | | |
| IT Configuration | | | |
| Operating System <input type="checkbox"/> Mac * <input type="checkbox"/> Windows <i>*Parallels Desktop only, otherwise clinical edition may be required.</i> | | Version in use (i.e Windows 8, 10, OSX Leopard): _____ | Clinical System (e.g MD3, Best Practice, Gentu (ID Required): _____ |
| Specialist Sending Edition (Receive and Send) | | | |
| <ul style="list-style-type: none"> • Medical-Objects Download Client • Medical-Objects Word Plug-in (Or direct sending Integration where available, i.e with Genie) • \$620 (plus GST) per provider per year • Free initial install & walkthrough • All business hours support included • Online upgrades • Onsite training not included (Extra) | | | |

Please indicate which of the below items your practice has available (If any)

| | | | |
|-----------------------------|--|---|--|
| NASH Certificate (Practice) | | Individual PKI Access to HPOS (Health Professional Online Services) | |
|-----------------------------|--|---|--|

Medical-Objects Specialist Sending Edition Request Form

| Providers Details | | |
|-------------------|-----------|------------------------|
| Providers Names | Specialty | Enter Provider Numbers |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Provider numbers are location specific by Medicare. If you move practices your provider number will remain at the assigned location for outstanding results for 12 months. If you wish to change the location, we will require an agreed notice from you and the practice before relocating the provider number.

*If you need to add further provider details, please append another page to the form when returning.

Agreement

Medical-Objects agrees to adhere to all Privacy Act 1988 (Commonwealth) ("the Act") and the Australian Privacy Principles ("APPs") and any other applicable privacy laws that govern how private sector Health Service providers handle your personal information (inclusive of sensitive information and Health Information). Please read the Medical-Objects Privacy Policy located www.medicalobjects.com/privacy/

I understand and accept this agreement with the knowledge that Medical-Objects Pty Ltd will be using the personal information provided by me on this form in order to supply Medical-Objects Health Software Products and Services and not for unsolicited communication or marketing. I understand and accept that Medical-Objects products, services and personal information will be used by us for managing healthcare information, services and communications only. I understand that it is our responsibility to provide adequate security to protect personal and sensitive information located on our premises.

I understand that software support covers Medical-Objects products and services only. I agree to the Medical-Objects terms and conditions found at www.medicalobjects.com/MedicalObjectsSLA.pdf. I understand the Medical-Objects Refund Policy found at www.medicalobjects.com/refund-policy. I agree to notify Medical-Objects Pty Ltd of any problems or errors and to provide feedback directly.

| | | | |
|-----------|--|------|--|
| Name | | | |
| Signature | | Date | |



Australia's Fastest Secure Messaging