Website Enrollment

PRACTICE NAME: ____________________

PERSON COMPLETING FORM: ____________________ TITLE: __________

1. Contact Person for Website Business

Contact name: ❑ Dr. ❑ Ms. ❑ Mrs. ❑ Mr. ____________________

Title: ____________ Phone: ____________ Ext.: ______

E-mail*: ____________ Fax*: ____________

*E-mail and fax are required. Our communication is conducted via e-mail, and secondarily by fax.
We do not give your contact information to other businesses without your permission.

2. Website Preferences

Preferred website address: www. ____________________ .com
TIP: We recommend matching your practice name and keeping it simple, e.g., abcpractice.com.
(Decision not required at this time. We can help you select one later.)

Preferred template color: __________

3. Practice Information

Main address: ____________________

City: ____________ State: ______ Zip: ______

Phone: ____________ Fax: ____________

Current website address: ____________________

Business hours at main location:

	Mon	Tue	Wed	Thu	Fri	Sat
AM						
PM						

4. Physicians (Attach separate page if needed.)

		Title(s) (e.g., ND, DO)	Board Certified?
1. Name:	____________________	______	❑
E-mail:	____________________		
2. Name:	____________________	______	❑
E-mail:	____________________		
3. Name:	____________________	______	❑
E-mail:	____________________		
4. Name:	____________________	______	❑
E-mail:	____________________		

136 West St., Suite 201, Northampton, MA 01060 1.888.950.0808 Fax: 413.587.0387 webdeveloper@healthcommunities.com

PRACTICE NAME: ____________________

5. Patient Education

Check off the articles you would like to have accessible from your website. All articles are written for patients and are developed and monitored by our health practitioner advisors. ❑ Check here to add all

Alternative Medicines:
- ❑ Hypnotherapy
- ❑ Naturopathic medicine
- ❑ Traditional Chinese medicine

Conditions:
- ❑ Acne
- ❑ Anxiety
- ❑ Arthritis
- ❑ Cancer
- ❑ Colds and flu
- ❑ Depression
- ❑ Diabetes
- ❑ Fibromyalgia
- ❑ Hay fever
- ❑ HIV/AIDS
- ❑ Infertility
- ❑ Irritable bowel syndrome
- ❑ Menopause
- ❑ Multiple sclerosis
- ❑ Nocturia
- ❑ Prostate cancer

6. Most Important Topics for Search Engine Visibility

Please tell us the top 3 services you wish to promote so we can feature those on your website immediately. This is important for search engine (e.g., Google™) visibility. You can add more later.

Topic or Key Phrase	**Description** (the more descriptive, the better)

7. Items You Can Send

The following items will enable us to improve your website and its effectiveness. You can send them now or later, via **mail or e-mail** to the address below. Please check those you plan to send:

- ❑ List of all practice locations
- ❑ Doctor CV(s)
- ❑ Descriptions of services
- ❑ Practice logo
- ❑ Practice brochure
- ❑ Practice letterhead
- ❑ Photos - building or staff
- ❑ Patient handouts or instructions
- ❑ Notice of Privacy Practices

8. Medical Advisor Program (more information available at www.healthcommunities.com/advisors/)

❑ Joining our team of Medical Advisors qualifies you for a discount on our website services and gives you national exposure. Check this box if you are interested in becoming a Medical Advisor.

9. How Did You Hear About Us?

- ❑ Web search: ❑ Google ❑ AOL ❑ Other search engine
- ❑ Direct mail
- ❑ Ad on **alternativemedicine**channel.com
- ❑ Link from another website: ____________________
- ❑ Referred by another practice: ____________________
- ❑ Other: ____________________

136 West St., Suite 201, Northampton, MA 01060 1.888.950.0808 Fax: 413.587.0387 webdeveloper@healthcommunities.com

PRACTICE NAME: ____

10. Billing Information

Pricing: 1 practitioner $65/month and $350 one-time set up fee
2-4 practitioners $75/month and $700 one-time set up fee
5-9 practitioners $95/month and $1,400 one-time set up fee
Call 1.888.950.0808 for pricing for larger practices

Credit cards accepted: VISA MasterCard AMEX Discover

Select your preferred billing method: ❑ Monthly credit card ❑ Quarterly credit card

Card #: ______________________________ Expiration: _____/_____ (MM/YY)

Name on card: ____

Signature: ______________________________ Date: ________________

Credit card billing address: ____

____

NOTE: If needed, other billing arrangements can be made by calling us at 1.888.950.0808.

Service Agreement:
By submitting this form, you agree to be bound by the terms of the Service Agreement available at **www.healthcommunities.com/agreement.shtml**. Service can be cancelled at any time with 30 days written notice. The Agreement is also available via e-mail or fax upon request.

WHAT HAPPENS NEXT?

- Our team will create a website for your practice.
- You will verify the content for accuracy.
- We will launch your website on the Web and list your practice in MDLocator.
- We can continue to work together to enhance your website after the launch date, depending on your goals and level of interest.
- We will occasionally check in with you to offer ideas and assistance.

Our team is dedicated to providing superior website service and support.

Please fax all 3 pages to 413.587.0387, attn: Leslie.

- Thank you. -

136 West St., Suite 201, Northampton, MA 01060 1.888.950.0808 Fax: 413.587.0387 webdeveloper@healthcommunities.com