

MDLocator/ DPMLocator/ VetLocator Enrollment

PRACTICE NAME: _____

PERSON COMPLETING FORM: _____ TITLE: _____

1. Contact Person

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 will not give your contact information to other businesses without your permission.

2. Preferences

Link to our current website at www. _____

Build us a one-page website, for an additional fee of \$2/month.
(If you want a complete website, please ask about our Full-Service Plan.)

Add our listing with no website link.

3. Location(s)

Please provide an accurate and complete location list. We will list each practitioner under all applicable zip codes.

Main address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

If **multiple locations**, are they listed on your website? YES NO (If not, please attach list.)

4. Practitioners (Include MD, DO...)

	Specialty (e.g., urology)	Board Certified?
1. Name: _____	_____	<input type="checkbox"/>
E-mail: _____		
2. Name: _____	_____	<input type="checkbox"/>
E-mail: _____		
3. Name: _____	_____	<input type="checkbox"/>
E-mail: _____		
4. Name: _____	_____	<input type="checkbox"/>
E-mail: _____		

(Attach separate page if needed.)

PRACTICE NAME: _____

5. Billing Information

Preferred billing method: Monthly credit card Yearly credit card Yearly invoicing

Coupon code: _____

Billing contact name: _____ E-mail: _____

Credit cards accepted: VISA MasterCard AMEX Discover

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

Name on card: _____

Signature: _____ Date: _____

E-mail address for credit card receipt: _____

Credit card billing address: _____

Service Agreement:

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

Please check the plan/price that applies to your practice:

# Doctors in Group	Price with 40% Discount (No Website Included)	Price if Adding One-page Website (Additional \$2/mo. or \$24/yr.)
1	<input type="checkbox"/> \$ 9/mo. or \$108/yr.	<input type="checkbox"/> \$11/mo. or \$132/yr.
2	<input type="checkbox"/> \$17/mo. or \$204/yr.	<input type="checkbox"/> \$19/mo. or \$228/yr.
3+	<input type="checkbox"/> \$25/mo. or \$300/yr.	<input type="checkbox"/> \$27/mo. or \$324/yr.

6. How Did You Hear About Us?

Web search: Google AOL Other search engine

Direct mail

Ad on a health information website published by Healthcommunities.com

Link from another website: _____

Referred by another practice: _____

Other: _____

WHAT HAPPENS NEXT?

- We will send a confirmation of receipt via e-mail including the date and amount of your first charge.
- If you requested a one-page website, we will build it and contact you to verify the content.
- We will list your providers in our directory and e-mail you when completed.
- You can send us changes for your listing at any time.
- For comprehensive website development and marketing, you can upgrade to the Full-Service Plan at any time.

Please fax both pages to 413.587.0387, attn: Leslie. Thank you.