

FIZER TECHNOLOGIES
5949 Boggs Ford Road
Port Orange, FL 32127
Phone 386.304.1849 Fax 386.304.1869
E-mail: info@fizertech.com

Thank you for your interest in Custom Programming.

Please let us take a few moments to discuss the custom programming procedure with you.

Included with this letter you will find a Custom Request Form. Simply follow the steps outlined below to initiate your request.

1. Fill out the request form and fax to our custom department with a template or specifications, as required, for the application you are requesting.
2. Within 5 working days, you will receive the programming quote. Once the quote is received, **read carefully**. The information on the quote explains the manner in which your program will be created. Please make sure you understand and agree that this meets your requirements. If you have **any** questions call for clarification. Quotes are valid for 30 days.
3. After we receive authorization and payment, you will receive a fax with the projected completion date of your project.
4. Upon completion of programming, a disk, with installation instructions, will be mailed to your office.

Remember, custom programming is done by an independent company and is not affiliated with MedWare in any way. If the custom application fails to work according to the specifications provided by you, we will make all the necessary corrections within the first 30 days at no cost to you. Any support needed to the custom application, after the initial setup, will be done on an appointment only basis at a charge of 39.99 per incident. All programs and codes are the property of Fizer Technologies and can be reused or resold at its discretion.

Please feel free to call us with any questions regarding this procedure. We, at Fizer Technologies, strive to insure "Customer Satisfaction"

Fizer Technologies Custom Programming Staff

Custom Report/Program Request Form

(Please fill 1 request form for each custom program you need created.)

Fizer Technologies
 5949 Boggs Ford Road
 Port Orange, FL 32127
 386.304.1849 fax:386.304.1869
 email: customs@fizertech.com

Request Date: _____

Practice:	Contact:
Address:	Phone:
City/Zip:	Fax:
Shipping Address:	NOTE: If the program is to be sent via Fed-Ex you must supply a physical address. They will not deliver to a P.O. Box
City/Zip:	

Custom programming rate is \$85 per hour with a 3 hour minimum (payable to Fizer Technologies) via Check, MC, VISA or AMEX). Prepayment is required.

Custom Program will be written for:

MedWare for Windows Standard 16 bit Standard 32 Edition MedWare Enterprise Edition

Type: Forms	Reports	Other
<input type="checkbox"/> State Form –primary ▼ψ ‡ <input type="checkbox"/> State Form –secondary ▼ ψ ‡ <input type="checkbox"/> HCFA 1500 Form ψ ‡ <input type="checkbox"/> Workers Comp Form ▼ ψ ‡ <input type="checkbox"/> Plain Paper Statement ‡ <input type="checkbox"/> Pre Printed Statement ▼ ‡ <input type="checkbox"/> Encounter Form–pre printed forms ▼ ‡ <input type="checkbox"/> Encounter Form –custom created ‡	<input type="checkbox"/> Receipt ‡ <input type="checkbox"/> Financial Report ‡ <input type="checkbox"/> Administrative Report ‡ <input type="checkbox"/> Ledger ‡ <input type="checkbox"/> Daysheet ‡ <input type="checkbox"/> Facility Report ‡ <input type="checkbox"/> A/R Report ‡ <input type="checkbox"/> Label Printing ▼ ‡	<input type="checkbox"/> Import or Export Module ψ <input type="checkbox"/> Interface (between different software) ψ <input type="checkbox"/> Inventory Module <input type="checkbox"/> Lab Module <input type="checkbox"/> Electronics Claims Submission Module ψ <input type="checkbox"/> Other _____ _____

▼ **20 original forms needed. NO photocopies**
 ψ **Written documentation of the file specifications must be provided.**
 ‡ **NO REPORT WILL BE QUOTED WITHOUT A TEMPLATE.**
Fax template with request to avoid delays !

Program

Description: _____

Where would you like the program run:

Patient Info Screen Main Screen HCFA Top HCFA Bottom Scheduler Stand Alone

PRINT FORMS : Batch Mode 1 at a time **PRINTER:** Dot Matrix Laser Inkjet Bubblejet
 Model (example: HpLaserJet4P): _____

REPORT SORT Dr # Patient name Other (list all that apply) _____

* Sort Example: Information by Patient Name Alphabetically. The patient name would be your sort.

FILTER REPORT: Dr # Visit Date Entry Date Date of Service Other _____

* Filter example: You could filter a report by Dr # if you wanted all patients for Dr 1 only.