



**Billing Buddies**  
8459 10th Ave N  
Golden Valley, MN 55427  
Phone: (888) 322-2455  
Fax: (866) 506-9681  
Email:  
solutions@billingbuddies.com  
Website:  
www.billingbuddies.com

**Please check the appropriate upgrade, complete form and fax to 866-506-9681.**

**Version 15 Upgrades from Version 14**

\_\_\_\_\_ Medisoft Basic \$89.00  
\_\_\_\_\_ Medisoft Advanced \$289.00  
\_\_\_\_\_ Medisoft Net Pro \$839.00 \_\_\_\_\_ Number of Users (Price Varies) \_\_\_\_\_ Advantage Serial #  
\_\_\_\_\_ Office Hours Pro \$149.00  
\_\_\_\_\_ Office Hours Pro for Networks \$199.00  
\_\_\_\_\_ Direct Module (Price Varies) \_\_\_\_\_ Name of Direct Module

**Version 15 Upgrades from Version 12**

\_\_\_\_\_ Medisoft Basic \$259.00  
\_\_\_\_\_ Medisoft Advanced \$869.00  
\_\_\_\_\_ Medisoft Net Pro \$2449.00 \_\_\_\_\_ Number of Users (Price Varies) \_\_\_\_\_ Advantage Serial #  
\_\_\_\_\_ Office Hours Pro \$429.00  
\_\_\_\_\_ Office Hours Pro for Networks \$589.00  
\_\_\_\_\_ Direct Module (Price Varies) \_\_\_\_\_ Name of Direct Module

\_\_\_\_\_ **I don't know what I need please call me at \_\_\_\_\_ . Thank you.**

Clinic Name: \_\_\_\_\_  
Clinic Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize Billing Buddies (AKA Softouch Software) to charge the above selected charges to my credit card.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp: Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

\*\*\* If your billing address for your credit card is a different address, please provide below. \*\*\*