

Order Form

2017 ICD-10 Coding Reference Guide

Name: _____

Facility: _____

Address: _____

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Billing Address (if different): _____

Calculate total cost:

\$45.00 each (1 - 5 guides)

Quantity: _____

\$43.00 each (6 - 10 guides)

Price (each) x \$ _____

\$40.00 each (11 + guides)

Total Cost = \$ _____

Prices include shipping.

Make your payment:

PURCHASE ORDER – Fax completed order form and purchase order to **(301) 495-9121**.
We will send you an invoice for payment.

CHECK – Send completed order form and a check payable to Fleming-AOD to: eRehabData – Coding Reference Guide
816 Thayer Ave, 3rd Floor
Silver Spring, MD 20910

CREDIT CARD – Card Number: _____ Exp. Date: _____

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Cardholder Billing Street Address: _____

_____ Billing Zip Code: _____

We will email payment confirmation and shipment tracking information within a week of receiving your order. Guides are shipped with a receipt or invoice. Please call eRehabData support at (202) 588-1766 with any questions.