



HIPAA/HITECH COMPLIANCE KIT

ORDER FORM

YES, please send me:

Employer/Health Plan Kit

- I am a returning Miller Johnson kit customer (previously purchased a kit) - \$500 for each
- I am a new Miller Johnson kit customer - \$850 for each

Business Associate Kit

- I am a returning Miller Johnson kit customer (previously purchased a kit) - \$400 for each
- I am a new Miller Johnson kit customer - \$600 for each

Medical FSA/HRA Kit

- I am a returning Miller Johnson kit customer (previously purchased a kit) - \$250 for each
- I am a new Miller Johnson kit customer - \$350 for each

- Check if you recently attended, or are registered to attend, a Miller Johnson HITECH/HIPAA Workshop (the \$100 discount will apply).

Name: _____

Email: _____

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Payment Method

- Credit Card *
** This is the preferred method of payment. Miller Johnson will email you instructions on how to pay online after you submit this form.*

Mail, or email this form to:

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