



# 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:

Mary Kral  
 Miller Johnson  
 45 Ottawa Ave, SW, Suite 1100  
 Grand Rapids, MI 49503  
 616.831.1969  
 kralm@millerjohnson.com