



Contracting Service

A service of the Pennsylvania Medical Society

Three ways to order your contract review:

1. **Mail**—complete this form, attach it to a copy of your contract and send it along with your complete payment to: Contracting Service, Attn: Member Services, Pennsylvania Medical Society, PO Box 8820, Harrisburg, PA 17105-8820.
2. **Fax**—complete this form, including credit card information, and fax it along with your contract to the attention of Contracting Service at (717) 558-7869. *(Please note this fax number is not confidential.)*
3. **Telephone**—(800) 228-7823.

Section 1—Name and Address

Please print or type the following information:

First Name	MI	Last Name	Title	Practice
Street Address (please no post office boxes)			City	State Zip
Telephone	Fax	Email		

I am: a Pennsylvania Medical Society Member not currently a member interested in becoming a Pennsylvania Medical Society Member; please send me a membership application*

* Prospective members may elect to apply the difference in pricing toward Pennsylvania Medical Society membership dues.

Section II—Contract Type

	Member Price	Non-Member Price	Amt. Due
<input type="checkbox"/> Employment Contract			
<input type="checkbox"/> Legal Review	\$520	\$850	_____
<input type="checkbox"/> First Employment Contract (<i>graduating residents and fellows</i>)			
<input type="checkbox"/> Legal Review	\$420	\$850	_____
<i>(*It is less expensive to join the Pennsylvania Medical Society and your county medical society and pay the member rate than to pay the full rate for a legal review. Call Member Services to join and to request your legal review.)</i>			
<input type="checkbox"/> Managed Care Contract			
<input type="checkbox"/> Legal Review	\$520	\$850	_____
Additional Charge			
<input type="checkbox"/> RUSH Service (5 business days)	\$75	\$150	_____
		Total Amount Due	_____

Section III—Return Service

- My review should be sent overnight service to the above address. (Rush Service only.)
- My review should be faxed to the fax number above.
(The Pennsylvania Medical Society does not guarantee the confidentiality of faxes to or from contract review clients.)
- Please mail or fax my contract to the following person and address or fax number: _____

Section IV—Payment Options

Please check one of the following:

Check Enclosed (*payable to Pennsylvania Medical Society*)



Card Number _____ Exp. Date _____

Security Code _____ Name on Card _____

Signature _____

Section V—Comments

I have the following questions or concerns about my contract:

For more information on the Physician Contract Review Service, Pennsylvania Medical Society publications or for general membership information, please call Member Services at **(800) 228-7823**, or visit our web site at www.pamedsoc.org.

Department Use Only		
Date CC Entered: _____	Initials: _____	Capture No.: _____