## **Contract Review Service**

A service of the Pennsylvania Medical Society



Four 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: Knowledge Center, Pennsylvania Medical Society, 777 East Park Dr, Harrisburg, PA 17111-2738. (If requesting RUSH Service, please ship through FedEx or UPS.)
- 2. Fax complete this form, including credit card information, and fax it along with your contract to the attention of Contracting Service at (717) 558-7848. (Please note this fax number is not confidential.)
- 3. **Telephone 855-PAMED4U** (855-726-3348)
- 4. Email KnowledgeCenter@pamedsoc.org

S	ection	1—	Name	and	Δdı	dress

Card Number

Security Code

Signature

Billing Address for Card

Billing Address for Card

Name on Card

Please print or type the following informatio	Please prin	or type	the	following	informa	tion:
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Please print or type the	following informa	ttion:				
First Name	MI	Last Name	Title	Prac	rtice	
Street Address (please no	post office boxes)		City		State Zip	
Telephone		Fax		Em	ail	
I am: □ a Pennsyl•	vania Medical Soc	ciety Member (PAMED)	□ not currently a member	☐ interested in becoming a PAMED Mem please send me a membership applicatio		
* Prospective members ma	ay elect to apply the di	ifference in pricing toward PAM	ED membership dues.	r	11.	
Section II—Contra	ct Type					
			<b>Member Price</b>	Non-Member Price	Amt. Due	
☐ Employment Co	ontract					
☐ Legal Review			\$650	\$975		
☐ Compensation	n Analysis		\$550	\$875		
☐ First Employme	ent Contract (grad	luating residents and fellows)				
☐ Legal Review			\$550	\$975		
☐ Compensation	n Analysis		\$450	\$875		
Additional Charge						
☐ RUSH Service (5 business days)		)	\$100	\$200		
	•			Total Amount Due		
*It may be less expensive Call PAMED's Knowle	e to join PAMED an edge Center for more	nd your county medical society a e information.	and receive the discounted member pr	ice than to pay the full price for	a legal review or compensation an	
Section III—Retu	ırn Service					
☐ My review should	be sent to me via e	email as listed above.	My review should be faxed to the (PAMED does not guarantee the co		m contract review clients.)	
Section IV—Payı	ment Options		Section V—Com	ments		
Please check one of the following:			I have the following q	uestions or concerns about	my contract:	
	_	vania Medical Society)				

Exp. Date

have the following questions or concerns about my contract:							

For more information on the Physician Contract Review Service, PAMED publications or for general membership information, please call PAMED's Knowledge Center at 855-PAMED4U (855-726-3348), or visit our web site at www.pamedsoc.org. Please contact PAMED's Knowledge Center before mailing or faxing a Contract Review Service order.

PAMED does not render legal services or provide legal advice. Your attorney-client relationship will be solely with the participating attorney who provides your contract review. PAMED is not responsible for the legal services provided by the attorney. Compensation analysis service provided by PAMED.