



EZ 2000 Plus Dental Software directly integrates with DrDirect Eclaims

DrDirect Electronic Claims

How Does it Work? Claims are simply batched in your computer. At your command, DrDirect will automatically dial the clearinghouse, transmit your claims, disconnect and return to your program. Trojan upholds an acceptance rate of at least 98%. This assures our clients the HIGHEST QUALITY transmissions available.

Trojan Provides: Easy installation, Simple training, Unlimited support, Timely upgrades

You receive (electronically) important information including:

Claims tracking at no additional charge; Requests for additional information (x-rays)
Payment information; Electronic pre-determinations

The power of DrDirect means you: Receive payments faster; Avoid middle-men and third party delays of your transmissions or requests from the payers; Retrieve status and inquiry reports on a daily basis at no additional charge; Benefit from automatic error-checking on each claim before it leaves your office



**Special Pricing:
Only 24 cents per claim for one year -
guaranteed.**

EZ 2000 Dental Software Signup Instructions for Electronic Claims Submissions

- Please confirm that the information on the License Agreement is complete and accurate, including:
 - License #
 - NPI #
 - Tax ID (EIN) or (SSN)
 - Specialty
 - Operating System: We need to know what version of Windows you have.
 - Practice Management System (Software) Name and Version #

- Please complete the **Authorization Agreement for Automatic Payment**.

- Please sign, date, and print name and title on the *Licensee* section of the **License Agreement**. Please, also sign and date the **Authorization Agreement for Automatic Payment**.

- The final step is to fax back the following completed documents to **714-484-3012**:
 - **License Agreement**
 - **Authorization Agreement for Automatic Payment**

Once we receive back this information, we will contact you to schedule your installation and training.

Thank you for the opportunity to serve you and your office!

Jen Hoodward
Senior Accounting Associate
Trojan Professional Services, Inc
(800) 451-9723 ext. 6095
Fax (714) 886-1350
jenh@trojanonline.com
www.trojanonline.com



LICENSE AGREEMENT FOR SERVICES

TROJAN PROFESSIONAL SERVICES

Prospect
Account:
Rep/MA:
Territory:
Referral: EZ 2000 - Mark S.

This License Agreement is made and entered into effective ("Effective Date") as of the ___ day of _____, by and between Trojan Professional Services, Inc., ("Licensor") having its principal place of business at 11075 Knott Ave, Ste A, Cypress, CA 90630, and _____ ("Licensee"), having a principal place of business at _____ and other locations identified on Exhibit A hereto. Licensor and Licensee hereby agree to Licensor's TERMS AND CONDITIONS OF LICENSE AGREEMENT FOR SERVICES, published and referred to separately and further, Licensee agrees to the additional terms and conditions set forth within each service selected, as evidence by Licensee's signature below. By signing below Licensee acknowledges that Licensee has received a copy of said terms and conditions and that this Agreement applies to all dentists of Licensee.

Form with fields for PROVIDER (PRIMARY) Full Name, License #, NPI #, TAX ID (EIN), TAX ID (SS), SPECIALTY, STAFF CONTACT (1), COLLECTION SERVICES CONTACT (1), COLLECTION SERVICES CONTACT (2), STAFF CONTACT (2), TELEPHONE #, FAX #, INSTALLATION CONTACT, INSTALLATION PHONE #, OPERATING SYSTEM, SOFTWARE (EZ2000), VERSION# (20), VENDOR# (E102), OFFICE E-MAIL ADDRESS, BILLING E-MAIL ADDRESS, SERVICE (DRDIRECT, TROJAN TODAY PUBLICATION, ASK THE CONSULTANT), SPECIAL INSTRUCTIONS (TO RECEIVE THE QUOTED PRICING ABOVE THE AGREEMENT MUST BE ACCEPTED BY LICENSOR WITHIN SEVEN (7) DAYS FROM THE EFFECTIVE DATE).

Licensor and Licensee have caused this Agreement, including TERMS AND CONDITIONS OF LICENSE AGREEMENT FOR SERVICES in whole and for each service selected, published separately, to be executed by their duly authorized representatives. The Initial Fee, Monthly Recurring Fee, Transaction Fee, Annual Fee, and Minimum Term on this Agreement supersede those found in the TERMS AND CONDITIONS OF LICENSE AGREEMENT FOR SERVICES. Acceptance is for TERMS AND CONDITIONS OF LICENSE AGREEMENT FOR SERVICES and confirmation of receipt of page 2 through 6 thereof.

Doctor's Signature
Signature
Print Name and Title

Accepted by LICENSOR (Licensor)
Signature
Print Name and Title



TROJAN PROFESSIONAL SERVICES

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

LICENSOR hereby authorizes Trojan Professional Services, Inc. ("Trojan") to charge the below credit card OR to make a withdrawal from the below checking account each billing period. Licensee agrees that all information provided is accurate and complete. This authorization will remain in effect until Licensee has rescinded it in writing and in such time as to afford Licensor a reasonable opportunity to act on it (at least 30-day notice).

Authorized Signature: _____ Date: _____

Practice Name:	
Phone Number:	Trojan Account Number:

AUTOMATIC PAY BY CREDIT CARD

Name on Credit Card:	
Billing Address, Zip Code:	
Credit Card Number:	
CVV Number:	Expiration Date:
Note: If new credit card information is required due to expiration, a signature on a new agreement will not be necessary. Verbal, written, or electronic acceptance will suffice.	

AUTOMATIC PAY BY CHECK

ATTACH A COPY OF THE VOIDED CHECK WITH THIS OPTION	
Issuing Bank:	
Routing Number:	
Checking Account Number:	