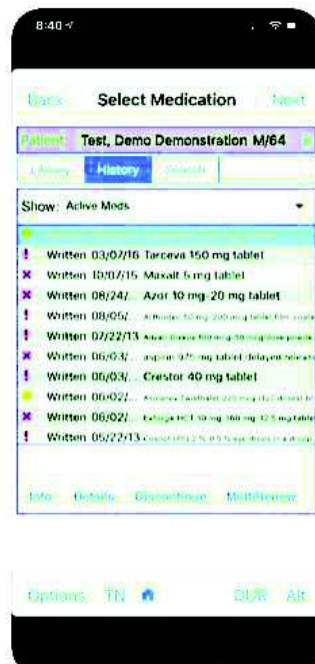


# Sign Up Now for eRx

**Electronic prescribing** is now mandatory in over 32 states in the U.S. Many other companies charge \$69 and up, per month. With **DxScript**, the cost is **only \$35 per month** (billed annually) per Dentist. Sign Up today at this special rate. **Controlled substances**, like Vicodin, Tylenol w/Codeine, Tramadol, etc., incur an **additional fee** per practice of **\$150 per year**, if necessary.

**DxScript** is a **SureScripts** and **EPCS** certified, **HIPAA** compliant, cloud based **ePrescribing** solution that puts insurance, pharmacy benefits, plan eligibility and formulary information at the provider's fingertips at the point of prescribing. They maintain a database of the latest **FDA** and **DEA** released medications as well as all pharmacies that are **EDI** or **eFax** capable. Their electronic **PDR** provides our dentists real time drug-to-drug, drug-to-allergies and drug-to-food contraindication alerts at the point of care. **DxScript** even suggests alternative drugs in the event there is a contraindication of allergy alert for a specific drug. No proprietary hardware or software required. All **training** and set-up is performed by professional Customer Care Engineers at **NO COST** to the dentist(s).



Complete all of the following pages and fax to 310-204-1440  
or eMail to: [sales@ez2000dental.com](mailto:sales@ez2000dental.com)

\* Pricing above effective until June 30 2022. Prices subject to change without prior notice.



| <b>Non-Provider User Information:</b> <i>(enter in any staff members you would like to have a login)</i> |           |          |  |                    |
|--|-----------|----------|--|--------------------|
| First Name   | Last Name | Position | Trusted Agent?   | If yes, agent for: |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
|  |           |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |

**URGENT:** You must submit a copy of your driver's license and a voided check w/application.

**Required for all Providers:** A copy of a valid, current Government-issued ID (such as a passport or state-issued Driver's License) must be submitted with this form for each individual who will be writing prescriptions. Additionally, we reserve the right to require that a prescriber undergo an ID proofing video session with our onboarding team as part of their onboarding process.

**Required Provider ID Proofing Information for non-EPCS prescribers<sup>2</sup>:** To satisfy SureScripts provider ID proofing requirements for non-EPCS prescribers, please fill out the following for each prescriber. **Please note that this information is NOT required for EPCS prescribers**

| First & Last Name (As registered with DEA) | Bank account number of an account in the Provider's name (Note: This information will be used to uniquely identify the individual ONLY) |
|--|---|
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|  |   |

**Required Provider information for EPCS prescribers/certification:** Is required for all providers who will be e-prescribing controlled substances. This information will be used to verify a provider's completion of the EPCS certification process.

| First & Last Name (As registered with DEA) | Email address (i.e. email account used as part of the Exostar EPCS registration process). |
|--|---|
|  |   |
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**NEXTGEN MANAGEMENT LLC**  
 5355 Town Center Road – Suite 203  
 Boca Raton, FL 33486

**EZ 2000, Inc.**  
 1801 Century Park East  
 24th Floor  
 Los Angeles, CA 90067  
 Telephone: (800) 273-5033  
 E-mail: sales@ez2000dental.com  
 Website: www.ez2000dental.com

|                                   |
|-----------------------------------|
| <b>Referral Information:</b>      |
| <b>Referred By:</b> EZ 2000, Inc. |

|   |
|---|
| <b>Billing Preference:</b>  |
| <input type="checkbox"/> Entire Practice <input type="checkbox"/> Individual Physician <i>(please specify)</i><br><i>If you select "Individual Physician" please complete the sections below for each physician</i> |

|  |
|--|
| <b>Billing Method:</b>                                 |
| (X) Annual Billing                                     |
| <b>Email:</b> Email address for invoice to be sent to: |
|  |
|  |

|                         |               |             |
|-------------------------|---------------|-------------|
| <b>Billing Address:</b> |               |             |
| <b>City:</b>            | <b>State:</b> | <b>Zip:</b> |

| <b>Summary of Charges:</b> <i>(Prices below do not include any applicable taxes)</i>                  |                |            |                |
|---|----------------|------------|----------------|
| Description   | Quantity       | Unit Price | 12-month Total |
| Annual License Fee per Dentist @\$35/month  | 1              | \$35.00 *  | \$420.00       |
| One Time setup fee  | 1              | 0          | 0              |
| Annual Exostar EPCS License/Hardware Token fee<br>(non-refundable) for controlled substances          | 1 per provider | \$150.00 * | \$150.00       |
| <b>Total Fees:</b>  |                |            | \$570.00       |
| * Prices subject to change without prior notice. Special pricing above effective until June 30, 2022. |                |            |                |

|   |                             |                   |
|---|-----------------------------|-------------------|
| <b>Billing Authorization:</b>   |                             |                   |
| I assert that I am an authorized representative of the aforementioned practice and prescribers. I authorize EZ 2000, Inc. to use the above information to bill the practice any subscription fees for providers listed in the provider information table and any setup fees outlined above using the billing preference specified. I authorize EZ 2000, Inc. to continue billing the practice on a regular basis and understand that I must submit a subscription update form 30 days prior to any desired change in billing. |                             |                   |
| _____   | _____                       | _____/_____/_____ |
| <b>Authorized Signature</b>   | <b>Print Name and Title</b> | <b>Date</b>       |

**NEXTGEN MANAGEMENT LLC**  
5355 Town Center Road – Suite 203  
Boca Raton, FL 33486

**EZ 2000, Inc.**  
1801 Century Park East  
24th Floor  
Los Angeles, CA 90067  
Telephone: (800) 273-5033  
E-mail: sales@ez2000dental.com  
Website: www.ez2000dental.com

**Terms and Conditions:**

- 1 - Users will be required to accept the End User License Agreement (“EULA”) when signing into the application for the first time. Please contact Client Services ([customercare@dx-web.com](mailto:customercare@dx-web.com)) if you would like a printed copy of this agreement.
- 2 – All information submitted on this form to satisfy provider ID Proofing requirements will be used for a one time purpose to complete provider ID Proofing as required by SureScripts, the national e-prescribing facilitator. Once ID Proofing is complete this information will be securely stored for Audit trail purposes. Please contact Client Services ([customercare@dx-web.com](mailto:customercare@dx-web.com)) if you would like more details or have any questions regarding this requirement.
- 3 - Billing begins once provider is enabled to use DxScript™. Providers may terminate subscription of DxScript™ by contacting EZ 2000 30 days prior to intended date of cancellation.
- 4 - For Providers utilizing Physician’s Assistants (“PA”) and or Advanced Practice Registered Nurses (“APRN”), Provider hereby represents to NextGen Management, LLC that in using DxScript™, all such PA’s and APRN’s are acting in compliance with all applicable laws, rules and regulations, at the request of and under the direction of Provider, including but not limited to compliance with the Texas Administrative Code and the Texas Nursing Practice Act and Medical Practice Act (“Applicable Law”) which restricts the ability of APRN’s and PA’s to prescribe Schedule II Controlled Substances. Provider represents that no PA or APRN shall be allowed to use DxScript™ in violation of Applicable Law, and that Provider, by an authorized physician, is the only one writing prescriptions for Schedule II Controlled Substances.

# EZ 2000, INC.

## Credit Card Authorization Agreement and Form

This agreement is entered into on  by and between the person(s) or company named below ("Cardholder") and EZ 2000, Inc. ("EZ 2000:") for the purpose of authorizing charges to the Cardholder's credit card (the "Credit Card") described below:

Cardholder Name:

Company Name:

Billing Address:

City, State, Zip:

Phone No.:  Fax:

Email Address:

Card Type:  Visa  MasterCard  Amex  Discover Card

Credit Card No.:

Exp:  Security Code:

Cardholder accepts the following charges on the Credit Card (check applicable):

Nonrefundable annual Exostar subscription for EPCS: \$150.00 per provider (for controlled substances)

Enroll in auto-pay for ePrescribing fees. frequency: (X) Annually

Initial to authorize EZ 2000 to charge this card for annual EPCS renewal fees and ongoing ePrescribing fees.

The undersigned, on behalf of Cardholder, hereby authorizes EZ 2000 to charge the Credit Card for the price of the transactions described herein, including recurring transactions, and for any additional transactions agreed upon between Cardholder and EZ 2000 ("Transaction(s)"). Cardholder agrees not to dispute Transaction charges appearing on Cardholder's Credit Card bill. Cardholder agrees that the Credit Card information above will be saved on file with EZ 2000 for Transactions. The undersigned agrees that the use of the Credit Card for payment for the Transactions shall constitute Cardholder's electronic signature indicating consent and acceptance of the Transactions. Should Cardholder revoke this authorization agreement for any reason, Cardholder agrees that it remains liable for any unpaid Transaction charges. Cardholder understands that the prices of Transactions are subject to change upon EZ 2000's sending a 60 day prior notice in writing.

Cardholder Signature

DO NOT digitally sign this form. Print, sign, fax/email.

Date

Please return this form via fax at (310) 204-1440 or via email to sales@ez2000dental.com

