

**ProClaim Inc.**  
**2008 Coding Book Order Form**

**Bill to**

Company name \_\_\_\_\_  
 Attn \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/state/zip \_\_\_\_\_  
 Phone number \_\_\_\_\_

**Ship to (if different than Bill to)**

Company name \_\_\_\_\_  
 Attn \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/state/zip \_\_\_\_\_  
 Phone number \_\_\_\_\_

<u>Qty</u>		<u>Ingenix item#</u>	<u>Your price (20% off list)</u>	<u>List price</u>
_____	CPT Professional Spiral	CS08	\$79.96	\$99.95
_____	CPT Standard Softbound	CB08	\$57.56	\$71.95
_____	CPT Expert Compact	CEC08	\$66.36	\$82.95
_____	CPT Expert Spiral	CE08	\$78.36	\$97.95
_____	ICD-9-CM Expert Spiral	IPS08	\$75.96	\$94.95
_____	ICD-9-CM Professional Compact	IPC08	\$58.36	\$72.95
_____	ICD-9-CM Professional Softbound	IPB08	\$67.96	\$84.95
_____	HCPCS Expert Spiral	HS08	\$79.96	\$99.95
_____	HCPCS Expert Compact	HC08	\$66.36	\$82.95
_____	HCPCS Professional Softbound	HB08	\$58.36	\$72.95

FOR OTHER BOOKS: Go to [www.ingenixonline.com](http://www.ingenixonline.com) or [www.pmiconline.com](http://www.pmiconline.com) to see other books available through us, all at 20% off the list price (excluding promotional packages and multi-user software), or call us at 1-800-937-4245, ext. 19 for a quote. Please list item # on this sheet to ensure correct order.

_____	INGENIX / PMIC (circle one)	Item # _____	Description _____	Price _____
_____	INGENIX / PMIC (circle one)	Item # _____	Description _____	Price _____
_____	INGENIX / PMIC (circle one)	Item # _____	Description _____	Price _____
_____	INGENIX / PMIC (circle one)	Item # _____	Description _____	Price _____

**Book order amount:** \$ \_\_\_\_\_  
**Add \$9.95 plus \$1.00 per book for shipping:** \$ \_\_\_\_\_  
 (example: shipping total for 3 books is \$12.95)  
**Total amount due:** \$ \_\_\_\_\_

**Method of payment:**

\_\_\_\_\_ Bill me  
 \_\_\_\_\_ MasterCard  
 \_\_\_\_\_ Visa  
 Card# \_\_\_\_\_  
 Exp date \_\_\_\_\_ Name on card \_\_\_\_\_

**For more information, call 1-800-937-4245, ext. 19.**  
**Fax completed form to 603-735-6070 or mail to: ProClaim Inc., PO Box 32, Andover, NH 03216**  
**Thank you for your order!**