

Name:			
Company Name:			
Address:	-----		
	City:	State:	Zip:
Email:			

Note: Government agencies, state associations, CMS, CGS employees and other insurance companies do not need to submit payment.

Part B Medicare Bulletin - \$40.00 per year, Subscription (4 quarterly publications)		Subtotal
Paper Copy:	<input type="checkbox"/> Quantity: _____	\$
CD-ROM:	<input type="checkbox"/> Quantity: _____ <small>Includes Medicare Bulletin, Medicare Bulletin Archives, Fee Schedules, and various other materials.)</small>	

Individual Publication Request - \$10.00 each		Subtotal
Medicare Bulletin paper copy		
Quarter 1 (October - December):	<input type="checkbox"/> Quantity: _____ Year: _____	\$
Quarter 2 (January - March):	<input type="checkbox"/> Quantity: _____ Year: _____	
Quarter 3 (April - June):	<input type="checkbox"/> Quantity: _____ Year: _____	
Quarter 4 (July - September):	<input type="checkbox"/> Quantity: _____ Year: _____	
Medicare Bulletin CD-ROM		
Quarter 1 (October - December):	<input type="checkbox"/> Quantity: _____ Year: _____	\$
Quarter 2 (January - March):	<input type="checkbox"/> Quantity: _____ Year: _____	
Quarter 3 (April - June):	<input type="checkbox"/> Quantity: _____ Year: _____	
Quarter 4 (July - September):	<input type="checkbox"/> Quantity: _____ Year: _____	

Part B Physician Fee Schedule - \$10.00 each		Subtotal
Kentucky:	<input type="checkbox"/> Quantity: _____ Year: _____	
Ohio:	<input type="checkbox"/> Quantity: _____ Year: _____	

Total Amount Due:	\$
--------------------------	----

Payment/Order Information	
Checks or money orders should be made payable to CGS. Send completed order form and payment to: CGS Administrators, LLC PO Box 6000 Columbia, SC 29260-6000	<p>Note: If you have not billed CGS within the last 12 months, you will not be included on the current publication mailing list. CGS publications are available at: http://www.cgsmedicare.com</p>