

**HEALTHCARE
COMPUTER
CORPORATION OF
AMERICA**

Managed Care
Information

P.O. Box 172255
Denver CO 80217

303-534-4400
888-HMO-INFO
FAX 303-393-8995

**RENEWAL - SUBSCRIPTION FORM
ARIZONA MANAGED CARE NEWSLETTER©**

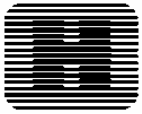
_____ \$350 Check/Card Information enclosed for Twelve (12) months

_____ \$210 Check/Card Information enclosed for Six (6) months

_____ \$225 Bill Me for Six (6) months

(Includes registration for access to on-line Newsletter archives at no charge.)

Total Amount Enclosed \$ _____



www.hmo-info.com

Name: _____

Title: _____

Firm: _____

Addr: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

e-mail: _____

Additional Reader #1: _____ e-mail: _____

Additional Reader #2: _____ e-mail: _____

I hereby authorize HCCA to communicate with me at the telephone or fax numbers and / or e-mail address indicated above or as updated in the future until revoked. I understand that my e-mail address will not be sold or shared with any outside party.

Signature: _____

**Please make your check payable to HCCA and send to:
HealthCare Computer Corporation of America
Post Office Box 172255
Denver CO 80217**

Or fax this form to us at 303-393-8995 or 888-466-2329 with the following:

Please charge \$_____ to my VISA____ MasterCard____ or Am Express____ card.

Name as it appears on Credit Card: _____

Credit Card #: _____ Expiration: _____

ZIP CODE to which credit card statement is sent (mandatory for processing): _____

NOTE: The *Arizona Managed Care Newsletter*© is a copyrighted publication. It may not be duplicated or copied without the written permission of HCCA. Any prior authorization, in writing or verbal, is cancelled.

11/06