



Become a Charter Member of the Arizona Electronic Health Record Collaborative Purchasing Program (CPP)

AHCCCS is spearheading the **Arizona Electronic Health Record (EHR) Collaborative Purchasing Program (CPP)** with small and medium sized practices seeking an affordable, low-hassle EHR solution. Discounts will be based on number of participants. The EHR CPP will offer:

- CCHIT Certified, web-based Electronic Health Record (EHR) for your office or clinic
- Low-cost, monthly subscription (under \$500, based on selected features and number of members)
- Monthly rates include software, interfaces, maintenance, and user support
- Tiered discounts and arrangements for part-time providers
- EHR planning, implementation and support services
- Discounts on hardware, software and installation services

Interested? Please complete all required* fields and return by December 31, 2008.

<p>*√ I am interested in the Electronic Health Record Collaborative Purchasing Program.</p> <p><input type="checkbox"/> My practice/clinic <u>uses</u> an Electronic Medical Record. Company _____ Product _____ OR</p> <p><input type="checkbox"/> My practice/clinic <u>does not use</u> an Electronic Medical Record, but I am interested in options that may be available through the EHR CPP.</p>

My practice/clinic patient base is* _____ % AHCCCS members _____ % State employees

Last Name *	First Name *	Title/Credentials*
Practice/Clinic Name* Numbers in Practice/Clinic*: MDs/DOs _____ PAs _____ NPs _____		
Street Address*		City/State/Zip*
Email Address*	Preferred Contact Number*	Cell Number (optional)

<p>Comments/Questions: _____</p> <p>Please circle any affiliations*: AOMA ACP AAFP ArMA ALMA</p> <p style="text-align: center;">Other _____</p> <p>NOTE: Your professional society may offer additional benefits with this program.</p>

My signature does not obligate me or AHCCCS. I give AHCCCS permission to contact me with more information about the EHR Collaborative Purchasing Program before January 31, 2009.

Signature*	AZ License #*	Date*
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**Please FAX this Interest Form before December 31, 2008 to
Barbara Frederick Fax 602.417.6999**

Questions? Email barbara.frederick@azahcccs.gov or Phone 602.417.6969