



## National Partners Inc. Account Information

Complete On-line at [www.mynpi.org](http://www.mynpi.org) or

Complete the information below and fax toll-free to (866) 234-3269

<b>NPI ACCOUNT INFORMATION</b>	
<b>Date</b>	
<b>Organization</b>	
<b>First Name</b>	
<b>Last Name</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Web URL</b>	
<b>Referred By:</b>	
<b>Designated Purchasing Agent</b>	
<b>Contact Me ASAP</b>	<input type="checkbox"/>
<b>Please ID a new program/service that that you deem necessary.</b>	
<b>Do you want to be in the NPI Provider Directory?</b>	
<b>Comments?</b>	



**NPI PARTNER ACCEPTANCE OF NPI'S PARTNER PROGRAM FOR ADVANCE SECURITY SYSTEMS (ADVANCE)**

I HAVE REVIEWED THE NPI PARTNER PROGRAM FOR BECOMING A NPI AUTHORIZED PROVIDER FOR THE LINEAR, MEDICATION ADHERENCE, OR VITAL MONITORING PROGRAM.

NPI PROVIDER INVENTORIES PRODUCT, COMPLETES THE CUSTOMER PROFILE & ENTERS THE CUSTOMER INFORMATION ON THE ADVANCE SECURITY WEB SITE, INSTALLS & ACTIVATES THE SYSTEM, SENDS THE ADMINISTRATION PROFILE COPY TO **MIKE LARSON (OFFICE: 888-860-8098 EXT 211/MOBILE: 608-843-2600), ADVANCE, 2113 EAGLE DRIVE, MIDDLETON, WI 53562**, AND ASSUMES A 30-DAY CUSTOMER SERVICE RESPONSIBILITY. UNLESS ADVISED BY THE AGENCY, ADVANCE DOES THE BILLING AND COLLECTIONS.

AS AN NPI PROVIDER YOUR AGENCY SETS THE MONTHLY SUBSCRIBER FEES AS OUTLINED BELOW. IDENTIFY FEES FOR THE PROGRAMS YOU WANT TO IMPLEMENT:

**The basic monthly monitoring fee for the 2400A PERS Program is \$25.00 (A).** Please identify the monthly monitoring fee to be charged to your subscribers: \$\_\_\_\_\_ per month (B). The Agency's revenue share is based on (B)-(A) and will be paid to you bi-monthly. The ordering process is the same as above.

**The basic monthly monitoring fee for the 2400A PERS and Medication Adherence System is \$45.00 (A).** Please identify the monthly monitoring fee to be charged to your subscribers: \$\_\_\_\_\_ per month (B). The Agency's revenue share is based on (B)-(A) and will be paid to you bi-monthly. The ordering process is the same as above.

**The basic monthly monitoring fee for the Vitals Monitoring Program is as follows:**

- Care Pod Base Unit is \$70.00 (A). Please identify the monthly monitoring fee to be charged to your subscribers: \$\_\_\_\_\_ per month (B).
- Blood Pressure & Heart Rate is \$13.00 (A). Please identify the monthly monitoring fee to be charged to your subscribers: \$\_\_\_\_\_ per month (B).
- Glucose Monitoring is \$13.00 (A). Please identify the monthly monitoring fee to be charged to your subscribers: \$\_\_\_\_\_ per month (B).
- Pulse Oximeter /Oxygen Saturation Monitoring is \$13.00 (A). Please identify the monthly monitoring fee to be charged to your subscribers: \$\_\_\_\_\_ per month (B).
- Weight Scale is \$13.00 (A). Please identify the monthly monitoring fee to be charged to your subscribers: \$\_\_\_\_\_ per month (B).
- Peak Flow Unit must be purchased as it is not reusable at \$210. The monthly monitoring fee is \$13.00 (A). Please identify the monthly monitoring fee to be charged to your subscribers: \$\_\_\_\_\_ per month (B).

**REVENUE SHARE:** THE AGENCY'S REVENUE SHARE IS BASED ON (B)-(A) AND WILL BE PAID TO YOU BI-MONTHLY. THE ORDERING PROCESS IS THE SAME AS ABOVE.

**INSTALLATION FEES:** THE AGENCY SETS THE INSTALLATION FEE AND COLLECTS DIRECTLY FROM THE SUBSCRIBER.

**I agree to the NPI Partner Program requirements that I've chosen, and understand that I will be assigned a NPI Partner/Provider Account Number. I agree to complete & sign a W-9 Form upon my Program activation. I also agree to utilize Advance's web-based administrative program, accept Advance's related Program training, represent and promote ADVANCE Security Systems in my service area. I agree that I am solely and exclusively an authorized representative for NPI pursuant to my NPI Partner Agreement executed between NPI and me. I agree to assume toward NPI all of NPI's obligations and duties NPI, pursuant to NPI's Provider Agreement with ADVANCE Security Systems, Inc., however I agree I am not a party to nor an express or implied third party beneficiary of NPI's ADVANCE Security Systems Authorized Provider Agreement, and I agree I have no contractual relationship with ADVANCE Security Systems nor any rights, remedies, or redress against ADVANCE Security Systems.**

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**(NPI PARTNER)**

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**(SIGNATURE, TITLE)**

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**(DATE)**