

NCMIC Challenge Form

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YES! I want to take the Challenge!

- I've attached last month's statement for our practice's current credit card processing program. Please send me the results of your comparison, including a quote. **If you can't meet or beat our existing program, please send me a \$100 gift card.**
- I don't currently accept credit cards. **Please send me a quote immediately.**
- I currently utilize an EHR software.
Please provide name of software: _____

Please complete: Number of pages including this cover page: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of Practice: _____

Contact Name: _____

Office Phone: (_____) _____


Fax Number: (_____) _____

Email address: _____

Your email address will never be sold. It will be used to send you important notices.

 **Fax to:**
1-800-704-9416

 **Scan & Email to:**
challenge@ncmic.com

 **Mail to:**
NCMIC Challenge
14001 University Avenue, Clive, Iowa 50325-8258

 **Questions? Call 1-800-839-1629, extension 5606**

The credit card processing program is offered by NCMIC Finance Corporation. The \$100 Challenge offer is for practices that process \$2,000 or more each month.

 **NCMIC**
Finance Corporation