

## Practice Management Series Order Form

**Yes!** I would like to purchase the following manual(s).

- |   |                             |          |
|---|-----------------------------|----------|
| <input type="radio"/> Improving Customer Service in Healthcare: <i>Strategies &amp; Scripts to Build Patient Loyalty</i>                    | # _____ @ \$39.95 each      | \$ _____ |
| <input type="radio"/> Marketing Your Practice: <i>Practice Building for Today’s Market</i>  | # _____ @ \$39.95 each      | \$ _____ |
| <input type="radio"/> Claims Management Strategies: <i>Scripts &amp; Processes to Increase Cash Flow &amp; Reduce Costs</i>                 | # _____ @ \$39.95 each      | \$ _____ |
| <input type="radio"/> Streamlining the Front Office Operations: <i>Real Life Strategies for Scheduling &amp; Registration Effectiveness</i> | # _____ @ \$39.95 each      | \$ _____ |
| <input type="radio"/> Healthcare Collection: <i>Strategies for the Successful Resolution of Patient Accounts</i>                            | # _____ @ \$39.95 each      | \$ _____ |
| <input type="radio"/> Practice Management Series – set of 5   | # _____ @ \$159.95 each set | \$ _____ |

**Total** \$ \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Practice \_\_\_\_\_





Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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**Method of Payment:**

Check made payable to: The ARSI Group, 19W068 Granville Ave., Itasca IL 60143

Charge to:                    

Account number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

  
**Call!**  
**(630) 773-1395**

  
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19W068 Granville Ave. Itasca IL 60143