



Vista Notes Live Subscription Auto-Renewal Form

Keeping up with an ever changing reimbursement environment is next to impossible while you are running a business. MiraVista can solve this problem and keep your staff trained and updated on changes that impact revenue. **Vista Notes Live** is a bi-monthly concierge update from Andrea Stark that prevents you from getting caught flat footed! We do the research for you – reporting only on the changes that are truly meaningful to DME suppliers and interpreting vague or complex regulations into easy-to-read articles.

Vista Notes Live is your one-stop resource for timely Medicare and industry updates. In each live webinar DME consultant Andrea Stark uses her insight and expertise to decipher how upcoming changes to Medicare compliance, coverage and billing guidelines will impact your business. Each webinar is accompanied by a corresponding print publication that lets you dig deeper into the topics covered in the live webinar.

Subscription Includes:

- 6 Personal Webinars with Andrea Stark – These webinars include a live Q&A session with Andrea
- 6 On-demand playback sessions - Playback the recording anytime – just in case you or a staff member is out of the office or has to fight an unexpected fire.
- 6 Detailed print publications - Bi-monthly publication, delivered electronically. It's convenient (saving you time and printing)!
- Save 10% on MiraVista Special Events – Subscribers save on MiraVista events throughout the year.
- Never miss an update - Auto-renewals keep your subscription going without missing a beat!

If you have any questions, please call (803) 462-9959 ext 246.

Terms, Conditions and Payment Information:

I, _____, authorize Miravista, LLC to charge my bank account or credit card indicated below for payment of my Vista Notes Live subscription (\$300/year). I understand that I will be notified of the upcoming yearly renewal at least 30 days prior to the renewal date at which time I may cancel the renewal by notifying MiraVista.

Company Name _____ Contact Name _____

Phone # _____ Email _____

Additional Recipient Emails _____

Payment Type: Checking Savings VISA Mastercard American Express Discover

Name on Acct / Card:

Bank Name:	Card #:
Account Number:	Address:
Bank Routing #:	City, State, ZIP:
Bank City/State:	Exp. Date: CSV Code:

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify MiraVista, LLC in writing of any changes in my account information or termination of this authorization prior to the renewal date. I understand that because this is an electronic transaction these funds may be withdrawn from my account or charged to my card on the renewal date. In the case of a transaction being rejected for Non-Sufficient Funds (NSF), I understand that MiraVista, LLC may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank or credit card so long as the transactions correspond to the terms indicated in this authorization form.

Please complete, sign and fax this form to: **(803) 251-9006**.

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We comply with PCI DSS compliance regulations. Your faxed payment information is transmitted to us via a secure/encrypted line. **Privacy Act Statement:** This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only." Violations may be punishable by fines, imprisonment, or both.