



**Lindsay Technical Consultants, Inc.**  
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## Billing Center Enrollment Form

All fields in **bold type are mandatory**. Please cross any zeros entered (example: Ø). Type in your info, print, sign and then fax (or mail) this form to LTC - (612)234-4700.

**REQUIRED:** ENTER FULL 9 DIGIT ZIP CODE!

**Billing Center Name:**

**Street Address:**

**City:**

**State:**

**Zip Code (9 digit):**

**Contact:**

**Email Address:**

**Federal Tax ID:**

**TaxID.Type: Employer(EIN) or SSN**

**Telephone #:**

**Ext:**

**Fax #:**

**Practice Management Software:**

**Referred By:**

**Limitations of Liability and Disclaimer of Warranties.** Lindsay Technical Consultants, Inc. (LTC) warrants that it will transmit, in a timely manner, the information submitted by the Billing Center in the form in which it is sent to LTC. This is the sole and exclusive warranty of LTC. LTC will provide its best effort assistance in resolving any problems that may arise in the process of transmission of such information. LTC is not responsible for any Medical, Dental or Insurance claim and Billing Center retains all liability on such claims and will indemnify and hold LTC harmless on account of all such claims, including the reconciliation or adjustment of any claim. LTC will bill Billing Center monthly.

**I/we authorize LTC to submit claim information on our behalf and subject to the terms of this agreement.**

**Signature:** \_\_\_\_\_ **Date:**