CPS BILLING
PO Box 3896 Mansfield, OH 44907
(419) 756-4004 (419) 756-4060 fax

ONLINE BILLING AGREEMENT

I, _____, accept the responsibility for all online billing submitted through www.cpsbilling.net. I am accountable for all billing submitted which contains my provider number and my consumer's name.

I further understand that it is my responsibility to protect my provider identification number and my consumer's information.

I agree that the information submitted through online billing is accurate and the supporting documentation is available upon request.

Signature:_____
<first> <last> Date

Provider number:_____