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## LETTER OF INTENT

Date: \_\_\_\_\_  
Client: \_\_\_\_\_ Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

You have requested that DATAppointment ("DATA") provide patient ReCare related services ("Services") for your office on the following basis:

- (a) DATA will provide a minimum of \_\_\_\_ hours per week on patient recare related services.
- (b) You will pay DATA weekly for services rendered at the agreed rate of \$ \_\_\_\_ per hour, subject to cancellation at will by you or DATA.
- (c) DATA will record all time incurred for your account, rounded to the nearest five minutes and will provide you a weekly time record with DATA's weekly bill which will be payable by credit card charge.

If this letter properly expresses your intent, please sign and date in the space provided below. Please keep a copy for your files and return the original to us via fax or email.

DATAppointment, LLC

Agreed to on this Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Client Signature