



### BULK RATE PAYMENT FORM

To qualify for bulk submissions, the PDA Provider must have a minimum of 6 courses for review. Expedited reviews are billed per course.

Date Applications Emailed: \_\_\_\_\_

Provider #: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

<p>\$ 400 Bulk rate 6 to 15 programs</p> <p>\$ 550 Bulk rate 16 to 29 programs</p> <p>\$ 700 Bulk rate 30 to 40 programs</p> <p>Number of Programs: _____</p> <p>Total Payment: \$ _____</p>
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Card number:
Card holder name:
Expiration date:
Zip code of billing address:

\*\*\*\*\* For NCCAOM Use Only \*\*\*\*\*

Application Received: \_\_\_\_\_

Payment to Accounting: \_\_\_\_\_ Accounting Received Payment: \_\_\_\_\_ Batch #: \_\_\_\_\_