

# NCQA ORDER FORM

## How to Order

**Online:** Order online at [www.ncqa.org/publications](http://www.ncqa.org/publications).

**Telephone:** Call NCQA Customer Support at 888-275-7585 with your credit card information.

**Mail:** Mail this form with your check (payable to NCQA in U.S. funds) to: NCQA, Department 4038, Washington, DC 20042-4038. If you are sending a payment overnight, send to: NCQA, 1100 13th Street, NW, Suite 1000, Washington, DC 20005

**Fax:** Fax this form with your credit card information to 202-955-3531.

Name First \_\_\_\_\_ Last \_\_\_\_\_ Degree (e.g., RN, MD, PhD) \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Street Address (Home/Work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

If ordering an e-pub or Web-based product, identify the primary user, if different from above.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

## I would like to order the following items:

Qty	Item#	Description	Price (each)	Discount	Total

**Shipping and handling must be included in all orders.**  
 All orders are shipped by UPS Ground Service unless Next Day Service is requested. Please allow 5 to 7 business days for delivery. Shipping and handling charges are for UPS domestic orders only. UPS and Federal Express do not deliver to P.O. boxes. For international orders, call 202-955-3500 for non-domestic rates. There is no shipping and handling charge for e-pubs, Web-based products and Quality Compass.

**Shipping and Handling Rates (Print editions)**

\$25 or less	\$10
\$26-\$75	\$12
\$76-\$100	\$14
\$101-\$300	\$18
\$301-\$500	\$22
\$501-\$700	\$28
\$701-\$900	\$34
\$901-\$1,200	\$40
\$1,201-\$1,500	\$46
\$1,501 and over	.3% of the order total

**Next Day Service/Overnight Delivery**

First 2 publications	\$50
Each additional 2 publications	\$45

Subtotal (Print Editions)	
Subtotal (E-Pubs)	
Total	
Sales Tax (MD 6% and DC 6% ONLY)	
Shipping & Handling (Print Edition Only)	
Next Day Service (See Rates in Box)	
<b>GRAND TOTAL OF ORDER</b>	

## Method of payment

Check Enclosed    Ck# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card (Check One)     Visa     MasterCard     AMEX     Diner's Club

Credit Card Account # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Name on Card (Please Print) \_\_\_\_\_