

Hi-Tech Software Update Contact Form

We have the name and email address of the person who installs your updates. If there are others who should receive notice when we post updates and enhancements to our website, please provide these on the form below.

Facility Name: _____ Phone Number: _____

Address: _____

Town _____ State _____ Zip _____

Facility Email Address: _____

Administrator: _____ DON _____

| HTS Applications Used | | Send update notices to: <i>Name & email address</i> | Send update notices to: <i>Name & email address</i> |
|----------------------------|-------|--|--|
| Clinical: Nursing Care | Name | | |
| | Email | | |
| Clinical: Residential Care | Name | | |
| | Email | | |
| Resident Accounting | Name | | |
| | Email | | |
| Resident Trust Accounting | Name | | |
| | Email | | |
| General Ledger | Name | | |
| | Email | | |
| Skeleton General Ledger | Name | | |
| | Email | | |
| Accounts Payable | Name | | |
| | Email | | |
| Payroll | Name | | |
| | Email | | |
| Resident Billing (XB) | Name | | |
| | Email | | |
| HCFA 1500 XB Billing | Name | | |
| | Email | | |
| Clinical Census | Name | | |
| | Email | | |
| Other: _____ | Name | | |
| | Email | | |

Send completed form to Hi-Tech Software via one of the following:

- Fax: **207-474-7124**
- Mail: **Sharon, Hi-Tech Software, 10 Silver Street, Skowhegan, ME 04976**

You can also email this information to hts_updates@hi-techsoftware.com