



Premier Podiatric Group Membership Agreement

- The Premier Podiatric Group (PPG) membership is **FREE annually**. Accounts not participating with any PPG vendor will be deactivated from membership and their information will be sent to the PPG vendors.
- Premier Podiatric Group members are required to complete the attached practice detail form.
- The Premier Podiatric Group membership is activated upon receipt of the **PRACTICE DETAIL FORM**. Once received, you will be assigned a PPG account number, for use when ordering thru the PPG vendors. This number allows our vendors to distinguish between PPG and non-PPG accounts.
- Member practice information is for **PPG USE ONLY** and will not be shared or disseminated in any form without the express written consent of said practice.
- Certain products and services negotiated through PPG will be billed directly from our manufacturer partners/vendors. PPG members will receive manufacture/vendor standard terms specific to that manufacturer/vendor, unless negotiated upon by PPG member. PPG members are expected to honor terms set forth by said manufacturer/vendor. Refusal to honor terms can result in termination of PPG membership.
- Certain products and services may be billed directly from LED Consulting Group. All members receive NET 30 terms for products and services that are billed from PPG. In addition, all members will provide credit card information to be placed on file. If payment is not received for PPG products and services billed through LED Consulting Group, the credit card will be charged on day 45 with a 2.5% additional fee for processing.
- By signing below, member agrees to above terms and conditions.

Practice Name _____

Doctor Name (print) _____

Signature _____

Date _____

PREMIER PODIATRIC GROUP Acceptance:

Accepted By _____

Signature _____

Title _____

Date _____



Practice Details

Practice Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Website: _____ Fax: _____

Email Address: _____

Of Locations: _____

Partners & Associates: _____

Office Manager(s): (list the location per manager) _____

How did you hear about us? _____

Products of Interest: (Check All That Apply)

- | | |
|--|--|
| <input type="checkbox"/> Diabetic Shoes | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Custom Orthotics | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> DME Bracing | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> Lasers | <input type="checkbox"/> Search Engine Marketing |
| <input type="checkbox"/> Custom AFO's | <input type="checkbox"/> Online Display |
| <input type="checkbox"/> Prefabricated Orthotics | <input type="checkbox"/> Facebook Advertising |
| <input type="checkbox"/> Compound Pharmacy | <input type="checkbox"/> YouTube Marketing |
| <input type="checkbox"/> Bone Stimulator | <input type="checkbox"/> Yellow Pages Consulting |
| <input type="checkbox"/> New or Used Medical Equipment | <input type="checkbox"/> Media Buying |
| <input type="checkbox"/> DME/Physician Billing | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> DME Application Assistance | <input type="checkbox"/> Credit Card Processing |
| <input type="checkbox"/> Coding & HCPC Help | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Manufacturing Consulting | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Other Interests: _____ | <input type="checkbox"/> Group Healthcare |
| _____ | <input type="checkbox"/> Individual Healthcare |
| _____ | <input type="checkbox"/> Executive Benefits |