



Request for PICA Policy holder Discount

Your Information:

First Name	
Last Name	
Phone Number	
Email Address	
Job Title (Role at practice)	

Practice Information:

Practice Name	
Practice Address (line 1)	
Practice Address (line 2)	
Practice City	
Practice State	
Practice Zip Code	
Practice Phone Number	
Practice Web Site	

Doctors in the Practice: List all doctors:

If there are doctors in the practice who are NOT PICA policy holders, please list them also. (As long as at least 1 doctor in the practice is a PICA policy holder you will be entitled to the discount)

Doctor Name	PICA Policy Number

- I would like to receive the 10% discount for PICA Policyholders.
- I grant TLD Systems permission to share my practice information with PICA.
- I am authorized to grant TLD Systems permission to share my practice information with PICA
- I understand that if at least one doctor in the practice is not a PICA policy holder, the practice is not eligible for the discounted price.

Printed Name

Signature

Date

Fax completed form to (631) 547 1423 or mail to TLD Systems 6 Edscho Lane, Commack NY 11725

Incomplete forms will not be processed.

All billing changes will be processed on your next billing cycle. Discounts are not retroactive.