



**RealtimeQC™ Support Program
Web-Based Image Collaboration Sessions**

**Fee Schedule
and Registration**

RIQC's *RealtimeQC*™ Support Program is a powerful and affordable tool for assuring that your imaging center has priority protection against typical quality control issues.

RealtimeQC can be integrated with our other on-site programs, or purchased as one of our stand-alone support program as follows:

ORDER #	PROGRAM	TERMS	HOURLY RATE	HOURS	COST
RQC-01	Pay-Per-Session	Credit Card	\$250 per hr.	1-hour minimum	\$ 250 min.
RQC-02	Pay-Per-Session	Purchase Order	\$300 per hr.	2-hours minimum	\$ 600 min.
RQC-03	1-Month Program	PO or Credit Card	\$200 per hr.	Up to 5 hrs/month*	\$ 1,000 mo.
RQC-03	3-Month Program	PO or Credit Card	\$175 per hr.	Up to 5 hrs/month*	\$ 875 mo.
RQC-04	6-Month Program	PO or Credit Card	\$150 per hr.	Up to 5 hrs/month*	\$ 750 mo.
RQC-05	12-Month Program	PO or Credit Card	\$125 per hr.	Up to 5 hrs/month*	\$ 625 mo.

POLICIES AND CONDITIONS:

The above *RealtimeQC*™ Support Programs are currently available in the USA, Canada, UK, Ireland, Spain, France and Puerto Rico.

RealtimeQC Image Collaboration Sessions™ are managed in 15-minute increments.

*Monthly programs start at the date of first ICS (Image Collaboration Session). Unused session time rolls over the following month. Rollover hours expire at the end of contract period. Additional hours required per month will be billed at the contract hourly rate.

Sessions are scheduled in a priority, time-sensitive manner according to the availability of an RIQC technical consultant. Appointments may be cancelled with two (2) hours advance telephone notice.

Registration

Circle One Program: RQC-001 RQC-002 RQC-003 RQC-004 RQC-005

Name of Hospital/Facility: _____

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Billing Address: _____

To the attention of: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Authorized purchaser/Name on card: _____ Signature: _____

P.O. No: (if applicable): _____ Pre-payment amount (if applicable): \$ _____

Credit Card (if applicable): MC Visa AMEX Card No: _____ Exp. Date: _____

RIQC 112 (N 0906)



Radiography Image Quality Consultants

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www.riqc.com / info@riqc.com

FOR OFFICE USE ONLY

Date received _____ Date approved _____
Contract start date _____ End date _____
Approved by _____