



Risk Management Materials Order Form (Nonmembers)

As a benefit of membership, the Cooperative of American Physicians, Inc. (CAP), provides arbitration agreements and consent forms free of charge to our member physicians. Nonmembers must pay for these forms. Information on membership is available on our website, under the "Join CAP" section, or by calling 1-800-252-7706.

Indicate the quantity you wish to order. We accept VISA, MasterCard, or checks. Orders are processed as received and delivered via ground carrier within seven to 10 business days. To process your order and avoid delay, please provide all requested information.

Payment must be received prior to shipping

Print Name: _____

Name of Group (if applicable): _____

Street Address (no delivery to PO Boxes): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax (for order confirmation): _____

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Arbitration Forms (\$50/package of 100)

	Quantity	Cost
English		
Spanish		
Vietnamese		
Chinese		
Korean		
Armenian		

Hysterectomy Consent Forms (\$25/package of 50)

	Quantity	Cost
English		

Medical/Surgical Care & Treatment Consent Form (\$25/package of 50)

	Quantity	Cost
English		
Spanish		

Grand Total:

VISA/MasterCard Payment Authorization

Name as it appears on card: _____

Charge Card Number: _____ Expiration Date: _____

CV2/CVC Number: _____ (three-digit number on back of card)

Amount being paid: _____

Address to which credit card statement is mailed:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number as listed with credit card company: _____

Signature: _____ Date: _____

Please mail or fax form to:

Cooperative of American Physicians, Inc., Attn: Office Services, 333 S. Hope St., 8th Floor, Los Angeles, CA 90071

Fax 213-473-8773