

HealthNet VoIP Telephone Billing Information

Please Fax Billing Information Form to:

273-8345

Billing Information	
College	
Department	
Fiscal Person (FP) Name	
FP Phone Number	
FP Fax Number	
FP Email Address	
Department PO Box	
PeopleSoft <u>Complete</u> Chartfield String	
Campus CNS Account Number	
Authorized Signature	
Date	
Notes	
<p>(1) Your order will NOT be processed until this form has been completed and faxed to HealthNet</p> <p>(2) HealthNet Monthly Line Charge fee for FY 09/10 will be \$6.24</p> <ul style="list-style-type: none"> a. PLUS Campus CNS will invoice you \$1.50 per line b. PLUS Campus CNS will invoice you for any long distance charges <p>(3) If you get Voice Mail you will be charged a one-time \$42.00 fee per voice mail</p>	
For HealthNet Office Use Only	
HealthNet Account Number	
Notes	