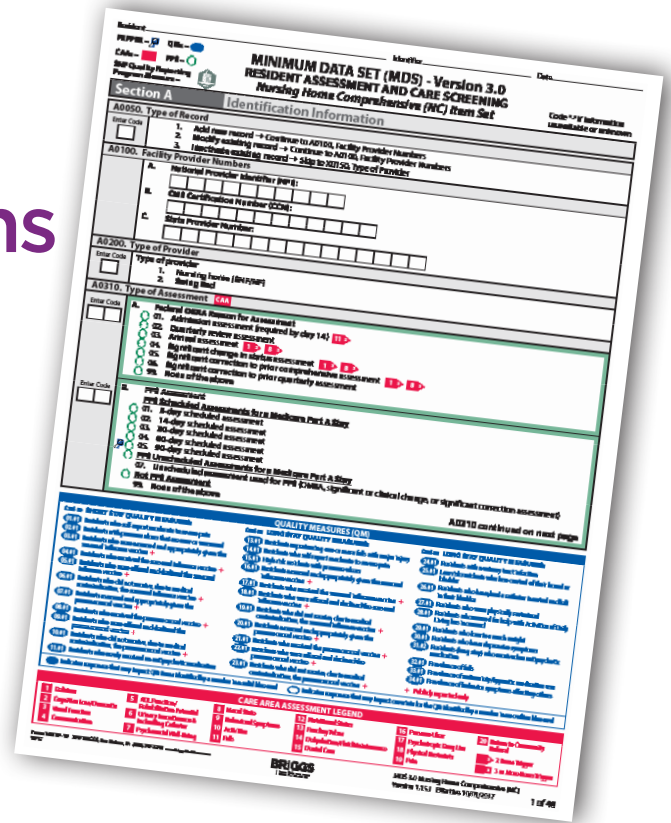


# NEW! MDS Solutions Version 1.15.1!

Briggs' MDS solutions will help you navigate regulatory and compliance requirements.

- **NEW!** to the Item Sets:
  - Section N
  - Opioid medications
  - Antipsychotic medication review, including GDR
  - Section P
  - Alarms
- Briggs value-add items that have an impact on
  - SNF Quality Reporting Measures
  - SNF PPS reimbursement
  - Care Area Assessment (CAA) trigger items
  - Items triggered for PEPPER report

Also included is the RUG-IV Reference guide and multiple colors for easy identification of value-add information



## ORDER GUIDE

Item #	Description	List Price	Qty	Total**
1850P-17	Nursing Home Part A PPS Discharge (NPE) Item Set, 25/pk	\$17.50/pk		
1851P-17	4-Color MDS Enhanced Comprehensive Item Set, 25/pk	\$19.00/pk		
1852P-17	Nursing Home PPS and Quarterly MDS Item Set, 25/pk	\$15.95/pk		
1854P-17	Nursing Home Swing Bed OMRA Item Set, 25/pk	\$29.95/pk		
1856P-17	Nursing Home and Swing Bed Tracking MDS Item Set, 25/pk	\$8.20/pk		
1858P-17	Nursing Home Discharge MDS Item Set, 25/pk	\$22.00/pk		
1870P-15	Section C MDS Interview Forms, 25/pd	\$5.50/pd		
1871P-15	Section D MDS Interview Forms, 25/pd	\$5.50/pd		
1872P-15	Section F MDS Interview Forms, 25/pd	\$5.50/pd		
1873P-15	Section J MDS Interview Forms, 25/pd	\$5.50/pd		
1895P	Functional Abilities and Goals (Section GG) Admission Worksheet, 100/pd	\$11.20/pd		
1896P	Functional Abilities and Goals (Section GG) Discharge Worksheet, 100/pd	\$11.20/pd		
1862	MDS 3.0 User's Manual - PremiumPlusOne Package	\$96.85/ea		
1862RNW	MDS 3.0 User's Manual - Yearly Renewal Package	\$50.95/ea		
1766	Long-Term Care Survey Guide - PremiumPlusOne Package	\$96.85/ea		
1766RNW	Long-Term Care Survey Guide - Yearly Renewal Package	\$50.95/ea		
1898R	ARD Finder	\$15.70/ea		

**Grand Total:**

## SHIPPING INFORMATION

Name/Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Acct #: \_\_\_\_\_

## BILLING INFORMATION

Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PO# if applicable: \_\_\_\_\_

## CREDIT CARD INFORMATION (IF APPLICABLE)

Credit Card:  Visa  MasterCard  American Express      Credit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_      Cardholders Name: \_\_\_\_\_

\*\*Applicable shipping, handling and tax will be added to your order. Prices subject to change without notice.

If you belong to an Ownership or Group Purchasing organization, you may be eligible for additional discounts. Call your Briggs Healthcare representative today for details at 1.800.247.2343.