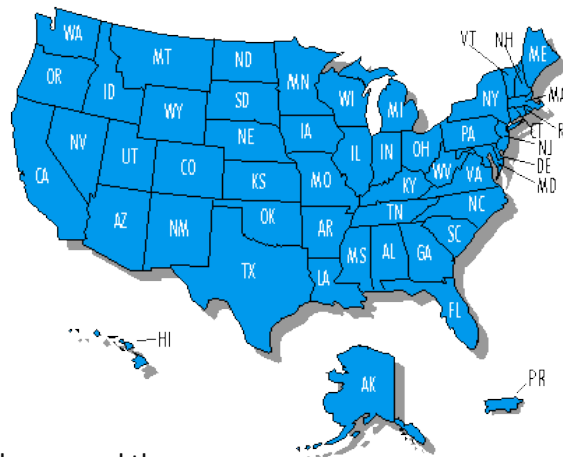




# CCC: OUT OF COUNTRY REMOTE ACCESS REQUEST FORM

## ABOUT

The Out of Country Remote Access Request Form is to be completed by individuals needing remote access to Freedom Medical Systems® while traveling outside the continental United States of America.



## INSTRUCTIONS

Please complete the following form. Upon completion, please send the request form using either of the following submission methods:

**EMAIL:** To send via email, please attach the completed form and email to [clientservices@ccccorp.com](mailto:clientservices@ccccorp.com)

**FAX:** To send via fax, please print and fax the completed form to (402) 341-8565.

OUT OF COUNTRY REMOTE ACCESS REQUEST FORM	
<b>Company / Clinic Name:</b>	_____
<b>Person Requesting Access:</b>	_____
<b>Beginning Date of Travel:</b>	____ / ____ / ____
<b>Ending Date of Travel:</b>	____ / ____ / ____
<b>Date Submitted:</b>	____ / ____ / ____
<b>Countries You Will Be Traveling To:</b>	

The following fees may apply if you are not currently enrolled in our Remote Access Solution:  
- Onetime Setup Fee: \$85.00  
- Monthly Remote Access Fee: \$25.00