Office Ally
EHR 24/7

EHR 24/7 Backup Order Form

09302026

ORDER DETAILS

Please complete and return this form to: ar@officeally.com OR Fax: (360) 953-8427 OR Mail: Office Ally, Inc., P.O. Box 872020, Vancouver, WA 98687. An invoice will be provided upon receipt of this form, and the backup will be provided upon payment in full. Standard turn-around time is 3-4 weeks but may take longer depending on the amount of data.

Office Ally Username _____ Phone _____

Contact Name _____ Email _____

	Item	Description	Unit Cost	Amount
☐	Full Backup	**EHR Backup:** Backup contains all data from the account thru the EHR End Date (or date backup is created if End Date is blank). **Optional: EHR End Date:** _____ *Last day you want saved in the backup. If blank, data is saved through the date the backup is created.	**$39.95**	
☐	Custom Dates	**Custom Start Date:** _____ **Custom End Date:** _____ (max. 1 month in the future) Please be advised that turnaround times may be extended for requests involving future end dates.	**$39.95**	
☐	Annual Recurring	**Annual EHR Backup:** Contains annual data for each year after initial backup order processed.	**$39.95 ea. year**	
			Total (before Sales Tax) *Applicable Sales Tax added to Grand Total.	

DELIVERY INFORMATION

The EHR Backup is provided via Secure File Transfer Protocol (SFTP) hosted by Office Ally. The account login details will be sent to the current Authorized Contact(s) on file for your account along with the password to extract the backup once transferred to your computer.

To view the Authorized Contacts: Log into your account with Admin Rights:

- Practice Mate/EHR 24/7: Manage Office > Company Settings > Company Information
- Service Center: My Settings > Admin Section > Company Information

If the Authorized Contact emails on file with us are incorrect, instructions on how to update them can be found in the **Update Company Information/Authorized Contacts** form located under Resources > Office Ally Forms and Manuals > Account Management.

Account Owner/Authorized Contact Signature _____ Printed Name _____ Date _____