

DISCOUNT MEDICAL PLAN ENROLLMENT



Last Name	First Name	Middle Initial
Street Address	City, State	Zip
Date of Birth (mm/dd/yyyy)	Telephone	Email

The Plan Includes at *no additional cost* up to four children (under 26) living in your household – if more call **888.289.2771**

Last Name	First Name	Date of Birth

ADV Plan: Participants receive (i) Discounts of 20-50% at participating providers in **ADV Network:** First Access network nationwide; (ii) participants receive discounts at participating Dentists, Diagnostic Imaging Centers, Rehabilitation Services, Medical Equipment Services, Chiropractors, Prepaid Labs, Hearing Centers, Podiatrist, Walk-in Pharmacies; Mail Order Services, Vision Services and Eyewear Providers. A list of providers can be found at <http://AmericareOne.com>.

ADV Premium: Participants may select **ADV Premier** and receive in addition to the benefits of the **ADV Plus** program the following non-medical discount program benefits: Twenty-four hour – seven day a week telephonic consultation with a licensed physician who may prescribe non-narcotic drugs as appropriate and complete unrestricted access to bill negotiation and patient advocacy for all medical expenses.

ADV PLUS \$29.95 per month **ADV PREMIER** \$49.95 per month **One Time Application Fee** \$49.00

Payment type **Cash** **Credit Card** **ACH Withdrawal(Checking)** **Please attach a voided check**

Master Card **Visa** **Discover Card** **Amex**

Cardholder's Name: **Name on Account:**

Account #: **Billing Address:**

Expiration (mm/yyyy) : **CVV2(3 digit verification code):** **City, State Zip Code:**

Bank Routing # : **Acct#:**

Automatic Debit Authorization: I authorize Americare One or its designated agent (ACO) to electronically debit from my account the cost of the plan, "monthly". I have provided the name of my bank, identification number of the bank and my account numbers on this enrollment form. I have enclosed a void check as proof of my account and the corresponding numbers. I authorize my bank to debit from my account in favor of ACO and pay the selected "monthly" fee that I have chosen from above. Every year on your anniversary date your monthly plan rate is subject to an increase of .18 percent. Copy of this authorization with my signature on it will be accepted as original authorization. This authorization will be effective until ACO receives my written notification requesting the termination of my participation. Such notification will be sent at least (5) business days in advance of the next billing cycle. I also understand that if my account does not have the necessary funds or if the debit cannot be done due to any omission on my behalf I will be charged a \$25.00 fee.

Signature: **Date:**

[EMAIL ENROLLMENT FORM TO: ENROLLMENT@AMERICAREONE.COM](mailto:ENROLLMENT@AMERICAREONE.COM)

Disclosures:

- The plan is NOT insurance;
- The plan provides discounts at certain health care providers for medical services;
- The plan does not make payments directly to the providers of medical services;
- The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization;
- The name and address of the licensed Discount Medical Plan Organization: Access One Consumer Health, Inc., 84 Villa Road, Greenville, SC 29615; (800)896-1962; www.accessonedmpo.com.

You may cancel your membership in the discount medical plan organization within the first thirty (30) days after the effective date of enrollment in the plan and receive a full refund on any fees or dues paid, less the non-refundable processing fee. After the first thirty (30) days, you may cancel participation at any time and if you have pre-paid any membership fees, the prepayment will be refunded on a pro-rata basis for months you have not used. Notification must be received at least five (5) business days in advance of the next billing cycle for you not to be charged for that billing cycle. This plan and the plan administrators have no liability for providing or guaranteeing service or any liability for the quality of service rendered.

THIS PROGRAM IS NOT INSURANCE

Please refer to the website <http://AmericareOne.com> for the most up to date terms and condition and to download Member Participation Agreement(s).