



976 Mountain City Hwy, Elko Nevada 89801
 Phone: 775-777-7587 Fax: 775-738-9584

“WE CARE” Medical Discount Program

Personal Information of Card Member (please print):

Last Name: _____ First Name: _____
 Date of Birth: _____ Male Female
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Evening Phone: _____
 Email Address: _____

Membership Plan (please select one):

- | | | | |
|--|--|-----------|--|
| <input type="checkbox"/> <u>Individual</u> | <input type="checkbox"/> <i>Gold \$90</i> | <i>or</i> | <input type="checkbox"/> <i>Platinum \$120</i> |
| <input type="checkbox"/> <u>Family</u> | <input type="checkbox"/> <i>Gold \$150</i> | <i>or</i> | <input type="checkbox"/> <i>Platinum \$180</i> |
| <input type="checkbox"/> <u>Corporate</u> | <input type="checkbox"/> <i>Gold TBD</i> | <i>or</i> | <input type="checkbox"/> <i>Platinum TBD</i> |

Note: Family Membership includes a total of 4 members. Additional family members can be added for \$10 each member. Membership includes 2 cards. There will be a \$5 charge for additional or replacement cards.

Family Members (please print):

*Please include these family members with my membership.
 With exception of spouse, additional family members must be under the age of 18.
 Use separate piece of paper to list additional family members.*

Last Name	First Name	Relationship	Date of Birth

Services Included:

As a member of our medical discount program, you will receive urgent care office visits with a medical provider (*NO additional testing, treatments, or procedures included*) at a discount of 25% when you purchase the **Gold Plan** with a maximum of 12 visits per year per person. With the purchase of a **Platinum Plan**, you will receive 25% off the entire visit (*no annual limit*) including, but not limited to, regular office visits with a medical provider, injections, spirometry, nebulizer treatments, x-rays, EKG's, IV fluids, rapid tests for strep, pregnancy, urinalysis, blood glucose, mono and RSV. Also includes procedures, such as laceration repairs.



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Disclosures:

- The “We Care” Medical Discount Program is NOT an insurance plan. It is a discount program
- The “We Care” Medical Discount Program is available for patients who do not have insurance or have a high deductible plan
- If you use “We Care”, neither you nor A+ Total Care can file a claim with any existing insurance
- Services NOT included: Family Care visits, Occupational and Workers Compensation Services, Physicals, and any testing, labs, and x-ray procedures performed by outside facilities, including labs drawn at A+ Total Care and sent to an outside lab for testing
- In order to use the “We Care” Medical Discount Program, you must present your card, along with valid photo identification at the time the medical services are rendered
- A+ Total Care reserves the right to refer patients to the emergency room if medical provider feels it is medically necessary (*any fees paid up front the day of visit will be refunded*)
- All memberships are valid one year from date of enrollment. Payment is due at time of purchase
- Additional family member rates are only valid if purchased at the time the primary membership is purchased
- Benefits do NOT apply anywhere other than A+ Total Care in Elko, Nevada

I have read, understand, and agree to the membership information as well as the DISCLOSURES

Name (print): _____ Date: _____

Signature: _____

AUTHORIZATION FOR PAYMENT (please print):

Visa Master Card American Express Discover CASH Check

First Name: _____ Last Name: _____

Credit Card Number: _____

Exp. Date: _____ 3-Digit Code: _____

Billing Address: _____

*I authorize and instruct A+ Total Care, LLC to charge the credit card account selected above.
By signing this form, I agree to the terms listed within.*

Signature: _____ Date: _____