

Reinstatement Form

Please complete this form and return to:

HealthCard Client Services, PO Box 100820, Brooklyn, NY 11210-0820 or fax Toll Free **1-877-376-5780**

PRIMARY CARDHOLDER INFORMATION:

First name _____ MI _____ Last name _____
 Male Female Date of Birth ____/____/____ Social Security# _____ - ____ - ____
 Mailing Address _____ Apt.# _____
 City _____ State _____ Zip _____
 Evening Phone (____) _____ Daytime Phone (____) _____

SPOUSE AND DEPENDENT INFORMATION:

Eligible family members include spouse, and children up to age 25, seniors age 60 and over, and any other IRS dependents who are living with the member.

First name _____ MI _____ Last name _____
 Male Female Date of Birth ____/____/____ Relationship _____

First name _____ MI _____ Last name _____
 Male Female Date of Birth ____/____/____ Relationship _____

First name _____ MI _____ Last name _____
 Male Female Date of Birth ____/____/____ Relationship _____

First name _____ MI _____ Last name _____
 Male Female Date of Birth ____/____/____ Relationship _____

Please indicate here and list any additional dependents on separate sheet.

PACKAGE PREFERENCE: *Select a Medical Package*

PREMIUM PACKAGE: Please circle choice of family or individual

INCLUDES:

- Hospitals**
- Doctors
- Ancillary Services
- Dentists
- Vision
- Prescription Drugs
- Hearing Aids
- Chiropractors
- 24 Hour Health Hotline
- Excess Accidental**

FAMILY \$120.⁰⁰/month INDIVIDUAL \$85.⁰⁰/month

** Effective 30 days from enrollment

***BASIC PACKAGE:** Please circle choice of family or individual

INCLUDES: • Prescription Drugs • Dentists • Vision • Hearing • Health Hotline

FAMILY \$24.⁹⁵/month INDIVIDUAL \$14.⁹⁵/month

* Additional one-time \$15 non-refundable processing fee

PROMOTIONAL OFFER:

RATE: CODE:

PAYMENT INFORMATION: *Select a Payment Method*

CREDIT CARD:

Visa Mastercard Discover American Express

Credit Card #:

Expiration Date:

AUTOMATIC BANK DRAFT:

Bank Name _____

Bank Account No. _____

Routing No. _____

(first 9 digits on bottom left of check)

Please read and sign below:

I understand Qualified Health is a non-insurance medical savings program and I agree to pay the providers promptly for all services received. I agree to abide by the member Terms and Conditions (attached). I authorize Qualified Health to bill my account on a monthly basis.

Re-instatements will be processed within 72 hours of receipt of this form.

Please check here if you need a new membership card

Signature _____

Date _____

Please complete this form and return it to **HealthCard Client Services, PO Box 100820, Brooklyn, NY 11210-0820** or fax Toll Free **1-877-376-5780**

QUALIFIED HEALTH - MEMBER TERMS AND CONDITIONS

1. By presenting your Healthcard to the provider, you will receive substantial savings off of the provider's regular fee. Actual savings vary depending on the nature of the service rendered. Understanding the Qualified Health's Savings: As Qualified Health provides members savings on Medical treatments throughout the entire medical, diagnostic and hospital arena, Qualified Health members will generally realize lower level cost treatments incurred by Primary Care Physician visits and prescription drugs. Higher levels of savings will be realized in the event of hospitalization, surgery, diagnostic testing, crisis and catastrophic healthcare situations, where Qualified Health members will realize greater levels of savings. **Member understands that Qualified Health is not an insurance plan or policy.**
2. Qualified Health provides savings to its members on healthcare services through a number of medical networks. In order to access these networks and the related savings, member or member's dependents must pay the medical providers promptly. Payments on all medical bills are due and payable at the time of service. Hospital bills are generally due within 30 days of discharge unless alternative arrangements have been made. If a member has difficulty using the program, our member services department is available for assistance. Qualified Health offers timely resolution for questions, complaints and grievances in the same manner the complaint was received. A toll free number to file a complaint will be provided or you may write to Qualified Health Member Services.
3. Member understands that the use of the program for hospitalization can only be utilized by members who have been enrolled with Qualified Health for more than 30 days. Member understands that the use of the program for cosmetic surgery is extremely limited and can only be utilized by members who have been in good standing with Qualified Health for a period of one year or more.
4. As a service to members, Qualified Health may provide network rate information to medical providers under this program. If the information provided results in an underpayment to a medical provider, member agrees to pay the medical provider for any shortages within ten (10) days of notice to such member of the inappropriate reimbursement. If the information provided results in an overpayment to a medical provider, Qualified Health will assist member to the best of its ability to collect any such amount from the appropriate party.
5. Neither Qualified Health, nor any of its affiliates, nor any network accessed shall be liable for any payment to a provider accessed under the Qualified Health program, or any refusal of participating providers to accept the network rates offered under this program. Qualified Health, its affiliates or any network accessed is not an insurer, guarantor or underwriter of the responsibility or liability of Member for Member's or Member's dependent's medical care or any other goods or services provided to Member or Member's dependents.
6. A limited directory of participating providers is provided to member on enrollment. The providers listed in this directory are subject to change without notice. Member may call Qualified Health's customer service line for current provider information.
7. Participating Medical Providers are independent contractors and Qualified Health, its affiliates and its contracted networks are not responsible for health care provided or the omission of the provision of health care by any provider. Qualified Health does not practice medicine or in any manner interfere with or participate in the provider-patient relationship. All health care decisions are between the patient and a provider. The selection of a provider is the obligation and decision of the patient and is not based upon the credentialing or any recommendation by Qualified Health, its affiliates or its contracted networks.
8. Memberships in terminated status for greater than 30 days will be assessed a \$20 reenrollment fee.
9. Payments for the Qualified Health program are due in advance. Payments will be taken from your account on or about the anniversary of your effective date, unless alternative arrangements have been made. If you choose to cancel your program, it is your responsibility to return your membership cards to Qualified Health along with written notice of cancellation at least five days prior to the anniversary of your effective date. Members will be charged an additional month program fee if less than five (5) business days notice is received. Verbal notice does not constitute cancellation.
10. Returned checks, insufficient fund notices on bank drafts or denial by member's credit card company for payment of the periodic program fee is deemed evidence of non-payment by a member and may cause termination of membership at the discretion of the accounting department. Members failing to fulfill their financial obligation to Qualified Health may be subject to attorney's fees and reasonable costs of collection.
11. Qualified Health reserves the right to terminate any member for failure to pay a medical provider accessed under the Qualified Health program under the terms provided.
12. Members may cancel their Qualified Health program at any time upon written notice to the company and return of the ID cards. Cards should be mailed to: Qualified Health Accounting Department, P.O. Box 100820, Brooklyn NY 11210-0820. Program fees on enrollments cancelled within the first 30 days of enrollment date may be eligible for refund if the Qualified Health ID card is returned to the company within five business days prior to the anniversary date of member enrollment. Failure to activate cards does not constitute termination of the service agreement. The \$20.00 enrollment fee is non-refundable. Any savings received under the program will reduce the refunded amount.