AFFORDABLE

MEMBERSHIP CARE PROGRAM

OPEN TO EVERYONE

APPLICATION

OVERVIEW

What it is ...

Affordable Membership Care Program (MCP) is to help our neighbors that are uninsured, under-insured, or that have a high deductible policy; so that they will have access to high-quality, affordable, comprehensive, and personalized Christian health care health care from a board certified physician. When you become a member, you can receive unlimited office visits and pay NO extra fee, like copay, to see your doctor.

This program is available for individuals (age 7 and up), families, churches, small business, and corporations!

BENEFITS

Benefits

-Unlimited office visits -No extra fee (no copay) -Affordable solution to care *Tax deductible benefit	-Flexible Appointments -60-90 minutes with your doctor -Board certified physician -Direct access to your doctor	-Basic labs and medications are on-site -Up to 75% discount on labs and medications -Helping someone else in need of medical -Christian health care

MEMBERSHIP FEE & PAYMENT

Membership Fees & Payment (based on age)

Age 7 – 35	Age 36-59	Age 60 +	
$600 **(minumun payment of $250, to consider a member)**	**$750** **(minumun payment of $400, to consider a member)**	**$1,000** **(minumun payment of $400, to consider a member)**	<u>Family Plan</u> Pay 4 members, rest of the family are included.

-Recovery Fee of $50 will be added to the membership fee
-If membership fee pays in full within 30 days, there is no recovery fee
-Membership fee must pays in full within 90 days
-All fees are non-transferable and non-refundable
-Membership fee is subject to change without notice.
-Membership fee can be arranged for a payment plan
-THIS PROGRAM IS NOT A HEALTH INSURANCE

-Membership is an one-year commitment
-Patients who are not a member will pay non-member fee for services
-To be a member, patients must pay the minumun membership fee, exclude labs/medications, and administrative fees.
-Clinic will issue letter of recognization for tax deductible (if qualify)
-Limited to 2 office visits (per month) at no charge if balance is not zero (SEE TERMS AND CONDITIONS)

SIGN - UP

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS TO JOIN THE MEMBERSHIP CARE PROGRAM

I have read and understand the "Terms and Conditions" listed for the St. Joseph Primary Care, Inc. "Membership Care Program" Membership and agree to abide by all the terms and conditions listed therein.

Name_____Date of Birth_____

Address_____

Signature_____Date_____

Payment

Member fee
Recovery fee
Office visit
Lab
Medication(s)

I agree to sign up to join the Membership Care Program and the following:

Type of Membership: ☐ Individual ☐ Family ☐ Corporation & small business
Membership Fee: ☐ $600 ☐ $750 ☐ $1,000 ☐ Family $_____
Type of Payment ☐ online ☐ credit card ☐ check ☐ cash
Membership Fee Payment: ☐ pay in full ☐ pay in full within 30 days
☐ pay in full within 90 days ☐ payment plan