



**FASTMED<sup>SM</sup>**  
**URGENT CARE**

personal care in your neighborhood

## Discount Program Enrollment Form

Membership is valid for a one-year period from date of purchase/enrollment. The annual Membership Fee is a nominal set-up fee due at enrollment and is NON-REFUNDABLE. The discounted rates do not apply for healthcare services that are covered by and can be billed to any insurance program a patient has: patients who have health insurance coverage and/or worker's compensation coverage for healthcare services will have all rates for such health services determined by the insurers and/or as otherwise determined by FastMed for services provided outside of its discount program. Additional family membership is valid for spouses and for children who are under 18 years of age at the time health services are rendered. A minimum of one individual membership purchase is required. The bill for health services received must be paid in full at the time the services are rendered in order for the discount to apply. The discount is valid for Urgent Care Services only, as specified in the list of covered services on display in our offices and delivered to you at the time of enrollment, provided that FastMed reserves the right to change the list of covered services from time to time and the rates for any service provided under the discount program shall be the discounted rates in place as of the date on which the healthcare services are rendered. Discounts do not apply to certain services such as preventative medical services and healthcare services rendered in connection with work-related injuries.

The annual membership fee is \$35 for the first annual period at this time. The amount of the annual membership fee may be increased at any time for new persons purchasing membership and for existing members at the beginning of the next annual period. Once the annual membership fee is paid, you will not be charged any additional fee during the year of membership even if we increase the annual fee for new members joining at a time after you. Although we reserve the right to set the annual fee in the amount necessary to cover the cost of set-up for new members joining the discount program, we do not anticipate as of the time of your joining that the fee will exceed \$50 for new members or at the time of your first annual renewal. If the membership fee increases after your payment, you will not be notified because the increase will not apply to you, unless and until you wish to re-enroll for a subsequent annual period. The annual fee covers the recipient, and, except as provided above, we reserve the right to require additional family members to purchase a discount card separately depending on market changes.

**You acknowledge and agree that the annual membership fee** entitles you to certain discounts if you need the discounted services and meet other conditions, including that the services rendered are not covered by insurance or otherwise subject to insurance contract rate agreements we may have with insurers. You acknowledge and agree that the payment of the membership fee is not a prepayment for any health services and is not payment for any health insurance policy or coverage. FastMed will honor the discounts for the specified services (as set forth in the FastMed Discount Program “Welcome Letter” that you will be sent, and which are also available at any FastMed location upon your request) for one year from the time of your enrollment and payment as dated below, but otherwise reserves the right to discontinue the program or change the services included in the discount program and the pricing thereof. If the program is discontinued, there is no guarantee that we will have a similar program for any subsequent year.

**Please initial here** \_\_\_\_\_

**I have read and understand the membership information above. I understand that the discount program is not insurance and the program only applies to select services provided by FastMed in accordance with the discount program in effect at the time of my enrollment (or at the time of the applicable renewal for additional annual periods), and I will be responsible for paying the discounted fees, at the time of service. By signing this membership, I agree to the terms of the agreement and acknowledge the receipt of the schedule of health services that are subject to discount under this program and, if I chose to renew after the first annual period, it will be my responsibility to request an updated service and discounted pricing list or confirm the then current pricing and services at the time of my visit.**

Primary Membership Fee: \$ \_\_\_\_\_

Primary Member: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Member: \_\_\_\_\_

Additional Member: \_\_\_\_\_

Additional Member: \_\_\_\_\_

Additional Member: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_