

# AmeriPlan Health® Membership Application

## Medical-Dental-Vision-Prescription-Chiropractic

IF YOU ALREADY HAVE AMERIPLAN® BENEFITS PLEASE ENTER MEMBER #  M

INDEPENDENT BUSINESS OWNERS #

APPLICANT FIRST NAME  LAST NAME  MI  DATE OF BIRTH OF APPLICANT  -  -

STREET ADDRESS  APT.#  CITY  STATE  ZIP CODE

HOME TELEPHONE -- WORK TELEPHONE --

E-MAIL ADDRESS

**LIST OF HOUSEHOLD MEMBERS**

FIRST NAME	LAST NAME	DATE OF BIRTH
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**LIST ADDITIONAL HOUSEHOLD MEMBERS ON SEPARATE PAGE**

BY SIGNING THE DRAFTING AUTHORIZATION BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THAT **AMERIPLAN HEALTH® IS NOT INSURANCE.** AMERIPLAN HEALTH® IS A DISCOUNT FEE-FOR-SERVICE PLAN AND I MUST PAY ANY CHARGES AT THE TIME SERVICES ARE RENDERED.

**I WANT TO PAY MY MONTHLY OR QUARTERLY MEMBERSHIP FEE BY:**  
**BANK DRAFT:** Please Draft on the  3<sup>rd</sup> or  18<sup>th</sup> of the month.  
BY SUBMITTING YOUR ENCLOSED CHECK, YOU ARE AUTHORIZING THE ONGOING DRAFT UNTIL AMERIPLAN® IS NOTIFIED OF CANCELLATION IN WRITING.

X \_\_\_\_\_ /\_\_ /\_\_  
 SIGNATURE FOR BANK DRAFT DATE

**CREDIT CARD:**  Visa  MasterCard  Discover  American Express  
 CARD #  EXPIRATION DATE

X \_\_\_\_\_ /\_\_ /\_\_  
 SIGNATURE OF CREDIT CARD HOLDER DATE

<b>A One-time \$30.00 Registration Fee is required with each application.</b>	
<b>First Month Membership Fee</b>	\$ _____
<small>(Monthly Fee - \$ 49.95 Single / \$ 59.95 Family)</small>	
<b>First Quarter Membership Fee</b>	\$ _____
<small>(Quarterly Fee - \$ 149.85 Single / \$ 179.85 Family)</small>	
<b>First Year Membership Fee</b>	\$ _____
<small>(Annual Fee - \$ 599.40 Single / \$ 719.40 Family)</small>	
<b>One-time Registration Fee</b>	\$ <b>30.00</b>
<small>(NON-REFUNDABLE)</small>	
<b>TOTAL AMOUNT DUE</b>	\$ _____
<i>30-day written cancellation notice required</i>	

**MONTHLY OR QUARTERLY PAYMENTS MUST BE MADE BY ELECTRONIC BANK DRAFT OR BY CREDIT CARD. INVOICING IS AVAILABLE FOR ANNUAL MEMBERSHIPS ONLY WITH FIRST YEAR PAID IN ADVANCE.**

**FAX APPLICATION TO: 469-229-4589 or 469-229-4590**