



Discount Medical Plan Enrollment Form

First Name _____ Initial _____ Last Name _____

Address _____
Number, Street City State Zip Code

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Date of Birth _____ Sex _____
mm/dd/yyyy

Other members of your household to be registered if selecting the Prescription Savings Plan:

Name	Sex	Date of Birth	Relationship	Name	Sex	Date of Birth	Relationship
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Select Desired Plan(s) : Administered by Coverdell & Company, Inc., a discount medical plan organization, 8420 W. Bryn Mawr, Ste. 700, Chicago, IL 60631.

Member Only

- Discount Medical Plan Card \$ 16.95 per month
- Prescription Savings Plan \$ 14.95 per month

Discount Medical Plan Card Benefits

- Physician services - 5 to 40% savings
- Lab work services - average savings of 70% for most common tests
- Hospital - 5 to 40% savings
- Prescription drugs - up to 30% savings
- Dental services - 10 to 50% savings
- Vision services - 20 to 60% savings
- Chiropractic care - 20 to 40% savings

Member and Family

- Discount Medical Plan Card \$ 19.95 per month
- Prescription Savings Plan \$ 19.95 per month

Prescription Savings Plan Benefits

- Preferred generic prescriptions at \$10 or less
- Preferred brand-name and generic Rx at \$20 or less
- Up to 30% discount for non-preferred Rx

Payment Method

Credit Card

- Visa MasterCard Name on Card _____
- Discover American Express Credit Card Number _____
- Expiration Date _____ Security Code _____

EFT

This option is an Electronic Funds Transfer (EFT) from your bank account on a monthly basis. You must attach a voided check for this option.

I hereby authorize the Best Benefits Plan and Patient Directed Care to bill my credit card or charge my bank account for the discount plan(s) of my choosing. This authorization is to remain in full force until Patient Directed Care has received written notification from me of its termination in such time and in such manner as to afford Patient Directed Care reasonable opportunity to act upon it. I have 30 days to cancel the discount plan and receive a full refund.

Signature

Date

Mail or Fax this application to:

Patient Directed Care ✧ 15511 N. Florida Ave., Ste D ✧ Tampa, FL 33613 ✧ Fax (813) 908-8896 ✧ Phone (813) 968-7007



Terms, Conditions and Disclosures

This plan is not insurance. This is your agreement as Cardholder with Coverdell & Company, Inc. (a "discount medical plan organization," "DMPO"). It is effective on the date of acceptance of Cardholder's application for enrollment in the Best Benefits Program ("Program") and for a period of your plan.

DMPO shall provide Cardholder with a listing of participating providers. Cardholder shall excuse DMPO from any liability for errors in such listings. Providers are subject to change without notice. Cardholder is responsible for choice of provider, verification that the provider is a current participant and for payment for goods and services. No portion of any provider's fee will be reimbursed or otherwise paid by DMPO. Cardholder is solely responsible for payment. Savings are based on the provider's usual fees or on national or regional fees for the service or product. Actual savings will vary depending upon your location and the specific products or services purchased. Providers may offer certain products or services to the general public at prices lower than the Program price. In that event, members will always be charged the lower price. **This is a discount program and not insurance.** Program discounts cannot be used in conjunction with any other network based program.

Although DMPO screens participating providers to ensure appropriate credentials and qualifications to provide goods and services, DMPO does not otherwise guarantee nor is responsible for the quality of such service or product purchased by Cardholder.

Payment of membership fee is made by the billing source authorized by you in accordance with the payment terms to which you agreed. DMPO reserves the right to increase or decrease the enrollment fee for each renewal membership term effective upon renewal of your membership. Membership is not transferable. Only you and your immediate family may use the membership. "Immediate family" means you, your spouse and children living at your home. Should a single member wish to add family members, call the customer service number shown on the membership I. D. Card.

Life and Health Guaranty Association: This contract is not an insurance policy and is not protected by any Life and Health Guaranty Association.

General Complaint Procedure: Complaints of any nature may be filed with Coverdell & Company, Inc. or Discount Development Services, LLC., a wholly owned subsidiary, the discount medical plan organization at 8420 W. Bryn Mawr, Suite 700, Chicago, IL 60631. **Ohio and South Dakota Residents:** Should you remain dissatisfied with the results from your complaint with the discount medical plan organization, you may contact the Division of Insurance or the insurance department in your state. **Texas Residents:** You may contact the Texas Department of Licensing and Regulation at 800-803-9202 to file complaints.

Termination and Cancellation: You may terminate this agreement and your membership at any time by calling us at the toll free number on your membership card or you may notify us in writing at Member Services, 8420 W. Bryn Mawr, Suite 700, Chicago, IL 60631. Your cancellation will be effective promptly upon the receipt of your cancellation notice and you will no longer be billed for your membership. You have the right to cancel this agreement within 30 days of the effective date for a full refund of fees paid.

Governing Law and Arbitration: This agreement and its interpretation and enforcement shall be governed and controlled by the laws of the State of Illinois. Any dispute arising from or related to this agreement shall be resolved by binding, non-appealable private arbitration conducted in accordance with the Rules of American Arbitration Association in Chicago, Illinois, unless required by a member's individual state laws to resolve in a different location. This provision shall survive the termination of this agreement and its interpretation shall be subject to the Federal Arbitration Act.

Governing Law and Arbitration for Florida Residents: This agreement and its interpretation and enforcement shall be governed and controlled by the laws of the State of Florida. Any dispute arising from or related to this agreement may be resolved by a voluntary binding arbitration conducted in accordance with the Rules of the American Arbitration Association in the local court of jurisdiction. This provision shall survive the termination of this agreement and its interpretation shall be subject to the Federal Arbitration Act.



Governing Law and Arbitration for Montana Residents: This agreement and its interpretation and enforcement shall be governed and controlled by the laws of the State of Montana. Any dispute arising from or related to this agreement shall be resolved by a voluntary private arbitration conducted in accordance with the Rules of the American Arbitration Association in the State of Montana. This provision shall survive the termination of this agreement and its interpretation shall be subject to the Federal Arbitration Act.

South Dakota Residents: If you cancel the program you are not obligated to make any further payments under the program, nor are you entitled to any benefits under the program for any period of time after the last month for which payment has been made.

Maryland Residents: Please note that this is not a Medicare prescription drug plan. Discounts on hospital services are not available in Maryland.

PDC Advocacy: Patient Directed Care (PDC) does not provide medical services or make treatment decisions. PDC does not decide what care you need or will receive -- you and your physician make such decisions.

- a. We may enter into arrangements where other entities carry out some of our duties.
- b. We contract with networks of physicians and other providers. The credential process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided.
- c. Physicians and other providers in our networks are independent contractors and are not our employees or agents. We do not control nor do we have the right to control your physician's treatment or plan.

Privacy: Contact data, that includes your name, address and email addresses, is used to send membership information and updates to you. In some cases, aggregated demographic and profile data is examined. PDC may disclose the personal information we collect about you as stated below:

- a. To our affiliates and selected vendors or business partners who perform administrative services for the proper management and administration of PDC programs
- b. As may be required or permitted by law
- c. Consistent with applicable laws and regulations
- d. Requiring the recipient to protect the information and use it only for the purpose it was provided

If at any time you do not wish to receive information on new services, discounts, or other related information, please inform us using the contact page on the PDC web site (www.patientdirectedcare.com) or you can call PDC toll-free at (866) 582-7828 to be removed from all non-transaction notification lists.

Concerning lab work results, we will not disclose individual identifiable data about you. PDC may use aggregated, anonymous lab work results data for research, studies, or commercial purposes.

Disclosure: This plan is not insurance. The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. This plan is administered by Coverdell & Company, Inc., a discount medical plan organization at 8420 W. Bryn Mawr, Suite 700, Chicago, IL 60631, 1-800-308-0374. You have the right to cancel this plan within 30 days of the effective date for a full refund of fees paid.