

## ALASKA DISCOUNT MEDICAL PLAN APPLICATION

THIS FORM SHOULD NOT BE GIVEN TO PATIENTS UNLESS THEY ARE JOINING CHIROHEALTHUSA  
You must read important disclosures and sign the reverse side

**Date:**

**Patient Name:**

**Primary Card Holder Date of Birth:**

**Dependents' Names:**  
*(Spouse, Domestic Partner, Dependent Children up to age 26, Parents in the Household over age 60, and any other IRS Dependent)*

**Patient Address:**

**City:**

**State:**  **Zip:**

**Phone:**

**Email:**

I understand email is an unsecured method of communication and I give my consent to email communications from ChiroHealthUSA. You may opt-out of these communications at any time.  
*(Contact information will not be shared, sold or distributed)*  Yes  No

**FOR CLINIC USE ONLY**

**City:**

**Date entered in Online Membership Link:**

**By:**

ChiroHealthUSA  
1307 Airport Rd. N, Suite 1A, Flowood, MS 39232  
1-888-719-9990

CHUSA PROCESSED

### PAYMENT INFORMATION

**YES! I want ChiroHealthUSA for discounted Chiropractic Care Only for \$49.00 for a ONE YEAR membership.**

**Memberships may be renewed annually at your participating provider's office. The brochure for your program contains a description of the benefits you will receive and is incorporated by reference and is a part of this document. PLEASE READ YOUR BROCHURE BEFORE SIGNING THIS DOCUMENT.**

HSA and FSA accounts for payment of membership fees is not permissible.

 *Check and Credit card information will be destroyed once transaction is completed.*

**Check #:**

**Credit Card Type:**  Visa  MC  Amex  Disc. **Card#:**

**Card ID (CVV2/CID) Number:**  **Exp. Date:**  **Billing Zip Code:**

**Name on Card:**  **Signature:**

## **DISCLOSURES**

**This discount medical plan is NOT insurance, health insurance policies, Medicare Prescription Drug Plans or qualified health plans under the Affordable Care Act. The Plan provides discounts on chiropractic services offered by providers who have agreed to participate in The Plan. The range of discounts for chiropractic services offered under The Plan will vary depending on the provider and products or services. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The member is required and obligated to pay for all discounted services and equipment received under The Plan, but will receive a discount on certain identified chiropractic services from providers in The Plan. The Discount Medical Plan Organization is ChiroHealthUSA, 1307 Airport Rd. N, Suite 1A, Flowood, MS 39232. ChiroHealthUSA members may call 1-888-719-9990 for more information or visit [www.chirohealthusa.com](http://www.chirohealthusa.com) for a list of providers.** The Plan will make available before purchase and upon request, a list of program providers and the provider's city and state located in the member's service area. The Plan does not offer a discount on hospital services. ChiroHealthUSA does not guarantee the quality of the services or products offered by individual providers. The fees for The Plan are specified in the membership agreement. You have the right to cancel your membership at anytime. If you cancel your membership within 30 days of the effective date, you will receive a full refund of your membership fee. To cancel your ChiroHealthUSA Plan you must, verbally or in writing, notify ChiroHealthUSA at 1-888-719-9990, 1307 Airport Rd. N, Suite 1A, Flowood, MS 39232. Any complaints should be directed to ChiroHealthUSA at the address or phone number above. Upon receipt of the complaint, member will receive confirmation of receipt within 5 business days. After investigation of the complaint, ChiroHealthUSA will provide member with the results and a proposed resolution no later than 30 days after receipt of the complaint.

***Signature:***

ChiroHealthUSA  
1307 Airport Rd. N, Suite 1A, Flowood, MS 39232  
1-888-719-9990

**SPACE INTENTIONALLY  
LEFT BLANK**