

## CALIFORNIA 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***

**These discount medical, health, and drug plans are NOT insurance, health insurance policies, Medicare Prescription Drug Plans or qualified health plans under the Affordable Care Act. This plan (The Plan) provides discounts only on chiropractic services and equipment offered by providers who have agreed to participate in The Plan.**

**The range of discounts offered under The Plan will vary depending on the 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 chiropractic services and equipment received under The Plan. The Plan Administrator is Access Plans USA, Inc., 5005 LBJ Freeway, Suite 1500, Dallas, TX 75244. You may call 1-888-719-9990 for more information or visit our website at [www.chirohealthusa.com/special/california-residents](http://www.chirohealthusa.com/special/california-residents) for a list of providers. The fees for The Plan are specified in the membership agreement. The Plan includes a 45 day cancellation provision. Only available in the State of California.**

***Signature:***

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**SPACE INTENTIONALLY  
LEFT BLANK**