

Enrollment Form

This membership agreement cannot be managed by the patient.

The provisions under this contract constitute the entire agreement between the parties. If any provision is declared void under the law, such provision is severable and the remainder of this contract shall remain in full force and effect.

If any party brings legal action pursuant to this contract, it is agreed that the party in whose favor final judgment is rendered shall be entitled to recover from the other party reasonable attorney's fees in addition to all other relief. Jurisdiction and venue for all matter under this contract shall be in Marion County, Indiana and this contract shall be construed in accordance with the laws of the State of Indiana.

Any injury or sickness arising out of, or in the course of, employment for wage or profit, and which is covered by any Worker's Compensation, Occupational Disease Act, or similar act or law, shall not be subject to this contract and Alivio Medical Center shall be entitled to bill its full price for any services rendered which are billable under the above laws.

By signing this contract the patient agrees to pay a \$60.00 enrollment fee and a monthly fee of \$30.00 for this plan for one (1) year. Patient has provided billing information for bank account or credit card and authorizes Alivio Medical Center to take these fees during the first 5 days of each month during this contract. In the event any payment fails, this contract is terminated, but Alivio Medical Center shall remain entitled to collect any remaining payments under this 1 year contract.

Cancelling of this contract must be done in written a month prior to the last day of coverage. Otherwise, the contract will automatically renew itself and charges will be due. In addition, contracts cancelled before the completion of the term (12 months) will be subject to charges equal to the remaining number of months.

Patient Signature or Finger Print Date

Representative Signature

Rates

Application Fee

(Individual)	\$60.00
(Per Additional Member)	\$10.00

Monthly Payment

(Individual)	\$30.00
(Per Additional Adult)	\$30.00
(Per Additional Child)	\$15.00

Additional dependents' rates are based upon age. Dependents older than 16 years of age are considered adults for monthly payment purposes. Dependents up to 16 years of age are considered children for monthly payment purposes.

Important: The addition of more dependents to a person's membership list is to be done in written by the policy holder. No discounted rates will be applicable to persons not yet included in the membership list, even though related to the policy holder.

V.I.P. Program

Alivio Medical Center's V.I.P. Program provides medical services to all enrollees independently of their health status

Protection for you and your family!

Pre-existing conditions are NOT excluded!

Potential savings on Worker's Compensation!

Access to quality primary and urgent care!



(317)635-3499
www.aliviohealth.com

Medical Services

The following Medical Services, along with others, are part of the V.I.P. Program and are discounted 50-80% off our regular rates.

- General Consultations
- EKG
- Urinalysis dip stick
- Pregnancy Test
- Glucotest
- Pap Smear
- Nebulizer
- Ear Lavage
- PPD Test
- HOLTER
- IUD Removal
- Minor Surgery
- EMG
- Nail Excision
- Immunizations
- Blood Tests
- Ultrasounds
- Medications in our formulary
- Neurology Consultation
- ECHO
- And More...

For an up-to-date list of services or if you need a special type of treatment, not part of the V.I.P. Program, please contact Alivio Medical Center.

Exclusions

If the treatment you need is not offered by this Program our doctors will still be happy to assist you however they can.

Although Alivio Medical Center offers other services at discounted rates, services not listed under the section "Medical Services" might be entitled to full charges. Therefore, be sure to ask our staff about such discounted rates prior to seeing our doctors.

Offers

Bring this coupon in and get:

\$5.00 OFF

a General Consultation

Bring this coupon in and get:

**Free Diabetes
Screening**

Enrollment Form

For immediate enrollment call (317)635-3499

Last Name: _____

First Name: _____

SS#: _____ - _____ - _____

Date of Birth: ____/____/____

Sex: _____ Male _____ Female

Address: _____

City _____

State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

E-mail: _____

Please Start My Coverage on: ____/____/____

Minimum term of coverage is 12 months

Bank Name _____

Credit Card Number _____

Bank Account No. _____

Routing No. _____

Exp. Date: _____ COD #: _____

Please detach this page and mail or bring to Alivio Medical Center (make sure you read and sign the back page).

The logo for Alivio Medical Center features the word "Alivio" in a stylized, cursive font with a yellow and blue color scheme, and "Medical Center" in a smaller, sans-serif font below it.

Alivio Medical Center
2045 Rama Dr. Suite 200
Indianapolis, IN 46219

Hours of Operation:

Mon, Wed, Th, and Fr 9:00 a.m.—6:00 p.m.
Tuesdays 11:00 a.m.—6:00 p.m.
Saturdays 9:00 a.m.—3:00 p.m.