



Membership

1 Year Family Membership

Discounted healthcare rates for you and all of your legal dependents for only \$20 a year.

Personal Info.

Name: _____ Date: _____

Birthday: _____ Phone: _____

Email: _____ Address: _____

Dependents

Dependent #1 _____

Dependent #2 _____

Dependent #3 _____

Dependent #4 _____

Payment Information

Card Number

CVV

Name On Card

Expiration

Zip Code

Terms Of Service

Patient Care Solutions is not an insurance plan. Your membership in our discount medical plan is in agreement to provide you access to participating providers to offer you discounted services. Patient care solutions does not reimburse your provider for services and fees paid. In addition it cannot be used as payment for deductibles or insurance plan co-pays. By signing below I agree to the above terms of service and authorize a \$20 one time payment for membership.

Signature: _____