



Member Enrollment Form

*** Please complete a separate Member Enrollment Form for EACH enrolling member ***

Member Information

Last name: _____ First name: _____ M.I. ____

Date of birth: _____ Sex: Female Male

Home address: _____

City: _____ State: _____ Zip: _____

Home: (____)-____-____ Cell: (____)-____-____ Other: (____)-____-____

Email address(es): _____

Are you the primary member? Yes No

If Yes, please complete the "Membership Billing Information" section on Page 2

If No, please list the name and date of birth for the primary member:

Pharmacy

Preferred Pharmacy: _____

Pharmacy Phone: (____)-____-____ Pharmacy Location: _____

Emergency Contact

Emergency Contact: _____

Phone: (____)-____-____ Relationship to Member: _____

Would you like to communicate electronically with us? Yes No

If Yes, please complete the separate "*Electronic Communications Agreement*"

Printed name of Member or Legal Guardian

Signature of Member or Legal Guardian

Date

Membership Billing Information

Bill me using my (choose one): Credit card/Debit card Bank account

Credit Card/Debit Card Information :

Card Type: MasterCard Visa American Express

Cardholder name: _____

Card number: _____

Expiration date MM/YY: _____ CVV: _____

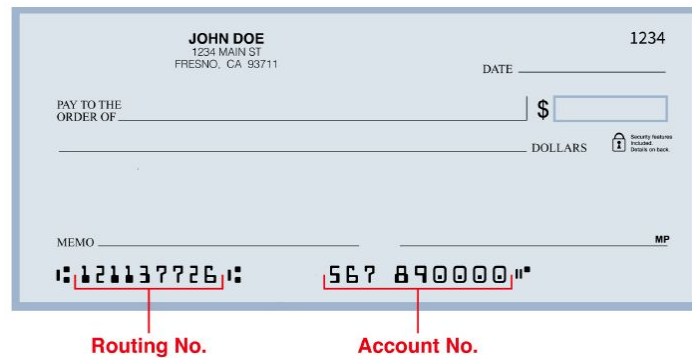
Bank Account Information

Account holder name: _____

Bank name: _____

Routing number: _____

Account number: _____



Billing Address (if different from above)

Home address: _____

City: _____ State: _____ Zip: _____

== Signature page follows ==

Authorization statement

I authorize Mint Health Clinics Lone Tree (MHCLT) to charge my credit card, debit card, or bank account on a recurring basis for my direct primary care membership and enrollment fee, until I have cancelled my membership in writing. I understand the registration fee is no longer refundable either five (5) business days after you sign this form, or as soon as I receive services at MHCLT, whichever occurs first. I understand that transactions declined due to insufficient funds and expired credit cards will result in an additional fee of \$25, and that failure to comply with terms of the Member Agreement may result in termination of my membership.

Authorization Signature: _____ Date: _____