SalernoHealth
Affordable Direct Medical Care

COMPANY ENROLLMENT AGREEMENT

NETWORK

❒ OKC ❒ Rural OK ❒ Other Effective Coverage Date:________________

COMPANY INFORMATION

Please Print

Company Name:		Office: ( )	Fax: ( )
Contact:	Email:	Cell: ( )	

BILLING INFORMATION

Billing Contact Name:	Billing Contact Phone Number: ( )
Billing Contact Email:	
Address 1	Address 2
City:	City:
State:	State:
ZIP:	ZIP:

OPTION A - ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I (we) hereby authorize Salerno Health OKC-LLC, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for $________________. *I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.*

Financial Institution:		
Address:		
City:	State:	Zip:
Draft on: ____________ Day	____________ Date Signed	

Routing Number:	Print Individual Name:
Account Number: ☐ Checking ☐ Savings	Signature:

This authority is to remain in full force and effect until Salerno Health OKC-LLC has received written notification from me (or either of us) of its termination in such time and manner as to afford Salerno Health OKC-LLC and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Salerno Use Only

☐ **Initial Enrollment** ☐ **Add** ☐ **Delete**

OPTION B - CREDIT CARD OR DEBIT CARD			
Card Type: ❒ Visa ❒ Mastercard ❒ Discover		Name on card:	
Card Number:	3 Digit Security Code:	Billing Address:	
Expiration:		City:	State: / Zip:
Billing Frequency: ❒ Monthly ❒ Annually		Card Holder's Signature:	

Salerno Use Only

	PRIMARY CARE	$	PRIMARY + SPECIALTY	$	TOTAL
EMPLOYEE MEMBERS		$		$	$
ADDITIONAL MEMBERS		$		$	$
TOTALS		$		$	$

Total amount deducted for monthly membership fees =	$

Salerno Health-OKC LLC Member Agreement & Disclosure Statement

1. We (I) understand that this agreement does not provide health insurance coverage nor is it a contract of insurance and that it provides only the health care services specifically described in the Salerno Health Member Services Guide.

2. We (I) acknowledge and agree to pay the monthly fee on or before its due date. In the event that we (I) fail to pay the fee on time, we (I) understand the agreement will be terminated unless prior payment arrangements have been made with Salerno Health OKC-LLC corporate office.

3. We (I) understand that the agreement terms are for a twelve (12) month period and we may terminate the agreement with Salerno Health with a sixty (60) day written notice. We(I) also understand that in the event we have not completed our twelve (12) month agreement we will be billed for the remaining period of that agreement. At the time of the termination by the company or Salerno Health-OKC LLC the company members will no longer qualify as a Salerno Health member.

4. We (I) understand that when a new employee is added to our plan, a new one-year commitment will be entered into for that employee. This will extend the effective anniversary date of our agreement with each new hire or addition. When the original anniversary date comes around for renewal and is renewed, then all current employees will be covered under the new 12-month commitment.

5. We (I) understand that this agreement shall be renewable at the end of the current term for a successive 12 month term unless either party gives written notice of its intention not to renew 60-days before expiration of the current term, as laid out in section (3).

6. We (I) understand that if we (I) have made any pre-payments beyond the current monthly service period, that we (I) will be pro-rated to the date of cancellation and refunded to me within ten (10) business days.

7. State insurance insolvency guaranty funds are not available for your use in the event of insolvency or liquidation of this company.

By my signature below, I agree to the terms outlined in this agreement. I understand that this is not a contract for health insurance.

Authorized Signature:______________________________________ Date: ____________