

AmeriPlan® Discount Programs Membership Application

Provider # 1 1 2 6 0 6 5 8 \

Member Information

First Name MI Last Name

Date of Birth of Applicant -- Male/Female Male Female Residence or Work Telephone -- Alternate Telephone --

Mailing Address Apt.#

City State Zip

Household Members

First Name	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST ADDITIONAL HOUSEHOLD MEMBERS ON REVERSE SIDE

E-MAIL-ADDRESS	Membership Fees
<p>AmeriPlan® Corporation 5700 Democracy Drive Plano, TX 75025 A Discount Medical Plan Organization AmeriPlan Health® is NOT insurance</p> 	<p>Choice #1</p> <p><input type="checkbox"/> Dental Plus Monthly Fee - \$19.95 <input type="checkbox"/> Quarterly Fee - \$59.85 <input type="checkbox"/> Annual Fee - \$239.40</p>
	<p>Choice #2</p> <p><input type="checkbox"/> Basic Health Monthly Fee - \$29.95 <input type="checkbox"/> Quarterly Fee - \$89.85 <input type="checkbox"/> Annual Fee - \$350.40</p>
<p>Choice #3</p> <p><input type="checkbox"/> Total Health Monthly Fee - \$39.95 <input type="checkbox"/> Quarterly Fee - \$119.85 <input type="checkbox"/> Annual Fee - \$479.40</p>	<p>Choice #4</p> <p><input type="checkbox"/> Health Plus Monthly Fee - \$59.95 <input type="checkbox"/> Quarterly Fee - \$179.85 <input type="checkbox"/> Annual Fee - \$719.40</p>
<p>I WANT TO PAY MY MONTHLY OR QUARTERLY MEMBERSHIP FEE BY:</p> <p>BANK DRAFT: Please <input type="checkbox"/> 3rd or <input type="checkbox"/> 18 of the month. Draft on the <input type="checkbox"/> 3rd or <input type="checkbox"/> 18 of the month.</p> <p>By Submitting Your enclosed check, you are authorizing the ongoing draft until AmeriPlan® is notified of cancellation in writing.</p>	<p>First Month Membership Fee \$ (Monthly Fee - \$19.95/\$29.95/\$39.95/\$59.95)</p> <p>First Quarter Membership Fee \$ (Quarterly Fee - \$59.85/\$89.85/\$119.85/\$179.85)</p> <p>First Year Membership Fee \$ (Annual Fee - \$239.40/\$350.40/\$479.40/\$719.40)</p> <p>One-time Registration Fee \$</p>
<p>SIGNATURE FOR BANK DRAFT</p> <p>CREDIT CARD: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card# <input type="text"/> Expiration Date <input type="text"/></p>	<p>Dental Plus Registration Fee \$20.00</p> <p>Basic Health Registration Fee \$30.00</p> <p>Total Health Registration Fee \$30.00</p> <p>Health Plus Registration Fee \$30.00</p>
<p>SIGNATURE FOR CREDIT CARD</p> <p>Completed and mail application to: AmeriPlan, Attn: Application Processing, 5700 Democracy Drive, Plano, Texas 95024 or fax to 469-229-4589</p>	<p>TOTAL AMOUNT DUE \$</p> <p>NON REFUNDABLE</p>

MONTHLY OR QUARTERLY PAYMENTS MUST BE MADE BY ELECTRONIC BANK DRAFT OR BY CREDIT CARD.
INVOICING IS AVAILABLE FOR ANNUAL MEMBERSHIPS ONLY WITH FIRST YEAR PAID IN ADVANCE
Enclose your check for payment and a voided check if paying monthly or quarterly by bank draft -30 day written cancellation notice required.