



## Mediclub USA A**B**A**M**B**U**L**A**T**O**R**Y** C**A**R**D**

### *What is Mediclub USA A.C.Card?*

- AC-card represents a one year agreement between the clinic and the patient.
- Card is **not** an insurance policy; it is a pre-paid agreement between the patient and the clinic to help make the outpatient clinic visit cost; affordable and predictable, for a period of up to year.
- The plan helps cover the cost of the office visits and basic in-house tests, which may be needed to be done at the clinic appointment for just over \$25 (approx. depending on the tests needed).

### *Who can get A.C.Card?*

- Small businesses who wish to offer this service as a benefit to their employees.
- This card is an alternative for individuals and small businesses, who cannot afford to pay for high medical insurance cost.
- Or, for the individuals who have really high and unaffordable deductible.

### *What services does the A.C.Card cover?*

- The visit fee would include, the visit, basic tests offered in-house.
- Some non-routine lab work that needs to be sent out could be made available on a fee based on actual cost.
- Partial list of tests available in-house: Rapid strep, flu test, pregnancy test, urine analysis, ECG, PFT, Vision and hearing screen. Ancillary tests may be discounted upon availability.

### *What is not covered by A.C.CARD?*

- This membership does not cover for any other medical service except for the physician office visit as outlined above.
- **NOT COVERED:** Since this is **not** insurance – it does not pay for any Medications or services rendered elsewhere, including but not limited to, Emergency room, ambulance, surgeries, and hospital admissions, radiology or any other special tests sent out to the third party laboratory..

### *Can I get reimbursed by my medical insurance?*

- No, this not a covered service; there are no guarantees regarding reimbursement by any insurance companies and we will not file insurance claims for services rendered under this agreement.
- **Medicare and Medicaid patients are not allowed to buy this card or file claims.**
- Insurance plans may not reimburse for the prepaid care and this is not a type of insurance, it is an outpatient health care contract between the patient and the clinic.

### *Other Disclaimers:*

- The agreement is executed after payment has been made.
- Refund policy: A.C.Card is non-refundable once any office visit is initiated and/or lab work has been completed.
- A.C.card will remain active for one year from the date of purchase and no prorated refunds will be made.
- Agreement will be renewed yearly.
- At cost charges for expendable items used, e.g. nebulizer supplies, etc., and the clinic administered medication cost and injections will be available at cost.
- A.C.card is not an insurance policy; it is an agreement between the patient and the clinic.
- A.C.card is nontransferable to any another individual.



Ask us about CareCredit to help you pay interest free for six months.

Or visit - <http://www.carecredit.com> to get more details and apply on line.



**Mediclub USA**  
**AMBULATORY CARE CARD**

**Mediclub USA SIGN-UP FORM**

LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYED AT: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**Agreement:**

I \_\_\_\_\_ have read page one of explanations and conditions as outlined, and I understand all the conditions. All my questions have been answered.

I further declare that I am not currently enrolled in Medicare or Medicaid at this time.

I understand that there will be no refund once I complete one visit or consultation.

I am choosing Option 1 – Single payment of \$750 per year, and \$25 co-pay, payable at the time of each visit.

I am choosing Option 2 – Two payments of \$400 (Total of \$800 -- Second payment due in one month) and \$25 co-pay, payable at the time of each visit.

MEMBERSHIP DUES MAIL TO: - C/O FRESHCARE, 111 DENNIS DR, SANFORD, NC 27330

Signature \_\_\_\_\_ Date \_\_\_\_\_

The participating clinics and providers agree to provide the medical services as outlined on page one.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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