



Date: ____/____/____

First Name _____ Last Name _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Birthdate: ____/____/____

Cell Phone: _____ - _____ - _____

E-Mail: _____

Spouse/Significant Other Name: _____

Dependents (children under the age of 26 years)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Credit Card Information:
Type: Visa
Card Number: _____
Expiration: ____/____ Security Code (3 digit): _____

The Annual Charge for participation in the Plan is **\$35**. Plans may include a spouse/significant other and children up to age 26.

Authorization and Agreement

1. The Wellness Group is NOT health insurance and is NOT a substitute for such insurance. The Plan entitles members (“**Members**”) to receive discounts on certain healthcare services (including but not limited to chiropractic care, physical therapy, counseling, primary care, imaging services) and other items and services from providers and other businesses who have agreed to participate in the Plan (“**Providers**”). The Plan does not make payments directly to Providers. Members are obligated to make payments for all services that they receive from Providers. The amount of the discounts available under the Plan vary among Providers, are set at pre-determined rates, and are for a percentage discount off the Providers’ normal retail prices for such certain services.
2. There is a fee for membership in the Plan that Members are responsible for paying. The current fee amount is specified in the Membership Agreement.
3. Members are free to choose to receive services from any Provider. Members may locate Providers on the The Wellness Group website. The Wellness Group does not guarantee that any Provider will maintain participation in the Plan and/or continue to offer discounts under the Plan. Members are obligated to confirm with your Provider that the Provider is currently participating in the Plan and to identify themselves as members in the Plan.
4. If you have any questions, concerns or complaints regarding the Plan, you may call (515) 421-4018. You may also write to The Wellness Group, LLC, 601 E. Locust, Suite 102, Des Moines IA 50309.
5. Federal/State Program Patients: I understand that I may be responsible for charges as required by my federal/state policy.

Member Signature: _____ Date: ____/____/____

Please read and sign next page.



The Wellness Group, LLC

TERMS AND CONDITIONS OF MEMBERSHIP - THE WELLNESS GROUP

The following TERMS AND CONDITIONS OF MEMBERSHIP (“**Terms & Conditions**”) shall govern your membership in the Discount Medical Plan (“**Plan**”) provided by The Wellness Group, LLC (“**The Wellness Group**”), which you are purchasing for yourself and your family.

By submitting your Enrollment Request Form, you (“**you**” or “**member**”) acknowledge that you have read, understand and agree (on your behalf and on behalf of your dependent family) to adhere to the following terms and conditions of these Terms & Conditions:

1. **Enrollment.** You may include a spouse and child(ren) up to age 26 as part of your membership at no additional charge. You shall promptly notify your Provider or The Wellness Group, as applicable, of any changes to your enrollment information, including any changes to your contact, payment or dependent information.

2. **Plan Discounts.** This plan is **NOT** health insurance and is **NOT** a substitute for such insurance. The Plan entitles members to receive discounts on healthcare services (including but not limited to chiropractic care, physical therapy, counseling, primary care, imaging services) and other items and services from businesses/providers who have agreed to participate in the Plan (“**Providers**”). The Plan does not make payments to Providers. You are obligated to make payments for all services that you receive from Providers. The amounts of the discounts available under the Plan vary among Providers, are set at pre-determined rates, and are a percentage discount off the Providers’ normal retail prices for such certain services. To participate in the Plan, Providers are required to offer at least a five percent (5%) discount on in-office healthcare services; Providers may offer discounts on other therapies, acupuncture, supplements, orthopedic and retail products, and other services as defined by a provider/business. Discounts under the Plan are not applicable in conjunction with any health insurance plans or any federal or state health insurance programs, including Workers’ Compensation. Your Provider may require that you pay at the time of service in order to obtain a discount under the Plan.

3. **Participating Providers.** You are free to choose to receive services from any Provider. You may locate Providers at www.wellnessgroupnetwork.com or by contacting The Wellness Group in accordance with Section 10 of these Terms & Conditions. The Wellness Group does not guarantee that any Provider will maintain participation in the Plan and/or offer any particular discount under the Plan. You should confirm that your Provider is currently participating in the Plan and offering a discount on any service you are to receive. You acknowledge and agree that, by receiving services from a Provider, you will abide by the Provider’s rules and regulations, including verification of your membership in the Plan before or at the time of service.

4. **Term.** The initial term of your membership in the Plan shall begin on the date that you submit an Enrollment Request Form and pay the Membership Fee, or some other, earlier date that you and Provider agree to in writing, and shall continue for one (1) year from this date. You may renew your membership for successive one (1) year terms by paying the Membership Fee when due. If you do not pay your Membership Fee, you will no longer be a member in the Plan.

5. **Termination.** You may terminate your membership in the Plan at any time by providing written notice to The Wellness Group. The effective date of termination will be upon receipt of such notice. If you terminate your membership within the first thirty (30) days of an initial or successive term, you shall receive a full refund of your Membership Fee. If you terminate your membership at any other time, you shall receive a pro-rata refund of your Membership, less any past due amounts. For example, if you terminate your membership in the Plan after six (6) months, you shall receive a refund of 50% of

the Membership Fee. The Wellness Group may terminate your membership in the Plan, or refuse enrollment or renewal of your membership, if The Wellness Group in its discretion determines that you have violated terms and conditions of this Agreement or for any other good cause. The Wellness Group may terminate its support and provision of the services and benefits of the Plan at any time. If The Wellness Group terminates your membership, you shall not receive any refund of your Membership Fee.

6. **Membership Fee.** The annual fee for membership in the Plan is \$35 (“**Membership Fee**”). The Wellness Group reserves the right to increase the Membership Fee from time to time, with any such increase being effective at the time your next Membership Fee is due.

7. **Payment.** If you enroll in the Plan in person and at your Provider’s location, the Provider may accept payment of the Membership Fee from you and then forward that payment to The Wellness Group for enrollment. Otherwise, you will make payment directly to The Wellness Group. Checks returned from the bank (NSF) will be assessed at a \$25 service charge. Past due accounts that are not brought current within fifteen (15) days of the billing statement are subject to suspension and possible account termination.

8. **Member Acknowledgements.** Membership in the Plan and/or a member’s rights or duties under this Agreement may not be assigned or delegated without the written consent of The Wellness Group. You agree that you will use the Plan and your membership in the Plan only for your and your family’s personal benefit. You are responsible for paying Providers for all services that you receive. Unless you have an arrangement with your Provider to the contrary, you are obligated to pay for all services that you receive from the Provider at the time of service. The Plan is not insurance and it may not reduce deductible, co-payments and other out-of-pocket expenses for service that are covered by insurance.

9. **Disclaimer, Waiver and Limitation of Liability.** The Wellness Group is not responsible for and has no liability for guaranteeing the availability or the quality of services rendered by Providers. You agree to indemnify and hold The Wellness Group from any claims, damages, costs or causes of action that you have or may have as a result of loss sustained while receiving services from Providers. As between you and The Wellness Group, the only recourse available to you shall be cancellation of your membership in accordance with Section 5 of this Agreement. In no event shall The Wellness Group be liable to you for any amount beyond the amount of Membership Fees that you have paid for the Plan in the past one (1) year. Any legal action against The Wellness Group for a default of its obligations to you must be commenced within one (1) year from the date the default was, or should have been, discovered.

10. **Customer Service.** If you have any questions, concerns or complaints regarding the Plan, you may go to www.wellnessgroupnetwork.com or call (515) 421-4018. You may also write to The Wellness Group, LLC, 601 E. Locust, Suite 102, Des Moines IA 50309.

11. **Amendment.** The Wellness Group reserves the right to revise these Terms & Conditions from time to time. Changes to these Terms & Conditions will be effective on (a) the date that The Wellness Group provides you with notice, in accordance with Section 12 of this Agreement, or (b) the date on which you renew membership in the Plan, whichever is earlier.

12. **Notices to Members.** The Wellness Group may provide notice to members regarding participation in the Plan by (a) first class mail to the address shown in The Wellness Group’s records; (b) electronic correspondence to the email address shown in The Wellness Group’s records; or (c) posting on www.wellnessgroupnetwork.com.

13. **Miscellaneous.** This Agreement consists on the entire agreement and understanding between the parties with regard to your participation in the Plan. The Wellness Group reserves the right to transfer and/or assign this Agreement and any rights or obligations under this Agreement. This Agreement will be governed and construed in accordance with the laws of the State of Iowa. A waiver by The Wellness Group of any provision in this Agreement will not be deemed a waiver by The Wellness Group of any other breach of the same or different provision.

IN WITNESS WHEREOF, Member has executed this Agreement as of the day and year above written.

MEMBER

Signature: _____

Name: _____ Date _____