



Discount Medical Plan Member Application Form

The Discount Medical Plan Organization is The Capella Group, P. O. Box 610810 Dallas, TX 75261 Fax Number (877) 376-5780 Member Services Number (888) 720-3900					
Last Name	First Name	M.I.	Birth Date	Sex	Social Security #
Address		Apt. #	City	State	Zip
Day Phone () ()	Evening Phone () ()	Email Address			
Representative #	Representative Name				

DISCLOSURES

All New Members Must Read and Sign Below: The medical discount components of the Qualified Health program are **NOT** health insurance or a health insurance policy, but provide discounts at certain health care providers for medical services. The range of discounts for medical services will vary depending on the type of provider and the medical services received. The Qualified Health program does not make payments directly to the providers of medical services. The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with The Capella Group. Qualified Health makes available, before purchase, and upon request, a list of providers, including the provider's name, city and specialty. Equal or lower prices may be available through individual negotiations. The Capella Group, Inc. is the operator of the Qualified Health discount medical program, with its corporate offices located at 4929 W. Royal Lane, Irving, TX 75063. Members who cancel during the first 30 days of membership by notifying Qualified Health in writing and returning their ID cards will receive, within 30 days, a full refund of membership dues. Application/processing fees are not refundable (except in those states where a refund is required). Members may cancel after the first 30 days, and, in states where required, will receive a pro-rata reimbursement of all periodic charges.

_____ / _____ / _____
Member Signature (Required)

____/____/____
Date

DEPENDENT SELECTION

Dependents—Spouse, Children up to the age of 25, Parents in Household over age 60 and any Other IRS Dependents Only.				
Name (First, M.I., Last)	Sex (M/F)	Date of Birth	Address (if different)	Relationship

