



**Discount Medical Plan
Application**



Dentists Choice
\$9.95 per month for full family coverage*
 *Free Prescription Savings Program included with Dentists Choice Plan

Date: _____ / _____ / _____
mm dd yyyy

Gender: Male Female

First Name: _____ Middle Name: _____

Last Name: _____ Birth Date: _____ / _____ / _____
mm dd yyyy

Address 1: _____ City: _____ State: _____ Zip: _____

Address 2: _____ Home Phone: (____) _____

Work Phone: (____) _____ Email: _____

Mobile: (____) _____

**Two membership cards are issued with each membership. If you wish to receive additional cards for immediate family, enclose \$1.00 per card and list cardholder(s) name(s) below:

Cardholder: First _____ Last _____ \$ _____
 Cardholder: First _____ Last _____ \$ _____

Payment Options

Visa
 Mastercard
 Discover
 American Express
 Check / Money Order
*annual payment only

Name on Credit Card: _____ Check #: _____

Card Number: _____

Expiration Date: _____ / _____
mm yyyy

Payment Schedule: Monthly Annually Plan Cost: \$9.95 monthly
*only available with credit card payment

Please make checks payable to:
FreeForAll Incorporated
PO Box 373
Voorhees, NJ 08043

\$119.40 annually

Registration Fee: \$6.50 (**one-time fee charged at sign-up**)
 *registration fee of \$6.50 is non-refundable and covers the cost of your membership fulfillment materials; benefit booklet and member identification cards.
 All Get Benefit Relief programs will have a starting date of the first of the following month from receipt of payment

Signature: _____ **Total Amount:** _____ **Date:** _____

I hereby authorize payment for the above selected plan and amount

Internal Use Only:

Group #: GBR10638

Effective Date: _____

Terms and Conditions

1. Member is identified as primary member, spouse, and legal dependents. All legal dependents are automatically registered and no additional registration is required.
2. At any time, a participating professional may be eliminated from the respective network in which they are associated.
3. Companies providing benefits and discounts in this program are not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid.
4. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices from participating providers and subject to change without notice. From time to time, certain providers may offer products and/or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price.
5. Providers are subject to change without notice and programs may vary in some states. This is a discount membership program only, not insurance, and may be discontinued or modified at any time. You will receive notice if plan is discontinued or materially modified.
6. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased.
7. This program is a referral and discount plan and does not warrant professional services, nor is it responsible for the quality of care received. This program makes no warranties express or implied concerning services or care provided.
8. Companies providing benefits and discounts in this program are not licensed to provide and do not provide medical services or items to individuals. Providers contracted by each network associated with this program are solely responsible for the professional advice and treatment rendered to members and each company disclaims any liability with respect to such matters.
9. Refund Policy and 30-day Money Back Guarantee: If you cancel for any reason within 30 days of effective date, you will receive a full refund of paid membership fees. Non-refundable one-time fees will be disclosed at the time of application.

Note: This contract is not covered by any life and health guarantee association.

DISCLOSURES: This plan is NOT insurance. • Discount Medical Plan Organization: New Benefits, Ltd. 14240 Proton Rd. Dallas, TX 75244 • Telephone number of Discount Medical Plan Organization: 800-800-7616 • **This discount card program contains a 30 day cancellation period.** • This plan provides discounts at certain healthcare providers for medical services. • This plan does not make payments directly to the providers of medical services • The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization MD, ND, OK, SC, SD and TX residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after receipt of membership materials. • AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days • The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. • The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area.

THIS IS NOT INSURANCE, NOR IS IT INTENDED TO REPLACE INSURANCE