

Receipt dated: / / 200

[] Copayment: \$30.00

[] Application Fee: \$29.00

[] Reactivation Charge: \$19.00

[] Replacement Card: \$19.00

[] Plan Total: \$ (paid in full at time of enrollment)

Card# [] New

New# [] Add On

PIN [] Change

Staff

UCR CareClub – Member Application

Primary Member Information

Name _____ Company _____

Billing Address _____ City _____ St _____

Zip _____ Phone () _____ Email _____

Number of add on family members included in application _____

Name	Card#	Name	Card#
_____	_____	_____	_____
_____	_____	_____	_____

CareClub Membership Plans: [] Recurring (auto annual renewal) [] Fixed (1 year) [] Seasonal (Oct - March)

	3 month - 1 year term (4 payments per year)	Annual - 1 year term (paid in full) <i>20% savings</i>	Seasonal - 6 month term (paid in full)
Silver Plan*:			
Primary Member:	[] \$147.00 - \$49/month	[] \$470.40 - \$39.20/month	[] \$294.00 - \$49/month
Per Add On:	[] \$117.00 - \$39/month	[] \$374.40 - \$31.20/month	[] \$234.00 - \$39/month
Gold Plan*:			
Primary Member:	[] \$237.00 - \$79/month	[] \$758.40 - \$63.20/month	[] \$474.00 - \$79/month
Per Add On:	[] \$177.00 - \$59/month	[] \$566.40 - \$47.20/month	[] \$354.00 - \$59/month

* Billing cycle of 3 month recurring membership plans start the **10th day of the month due**

Credit Card & EFT Authorization for Recurring Plans

I elect to pay my membership fees via: [] Mastercard [] Visa [] Amex [] Visa Debit [] Checking* [] Savings*

Name on Credit Card _____

Credit Card Account# _____ Expiration Date ____/____/____ CCID _____

Credit Card Holder's Signature _____

**If paying by Checking or Savings account please attach voided check or deposit slip*

Bank Account # _____ Bank Routing # _____

Bank Address or Branch City _____

Account Holder's Signature _____

* A \$29.00 application fee per member is due upon enrollment and membership fee(s) will be charged at the 1st of month due. Membership fee(s), Urgent Care per visit fee, and Wellness per visit fee are for basic services only. Additional charges apply for extended services which include x-ray, suturing, injections, prescriptions, medical equipment, extended massage, ultrasound, etc. Please refer to the UCR CareClub Fee Schedule for further information. Services may differ by UCR Health Centers location. A \$19 reactivation charge and membership fees made current are required to reactivate a past due recurring member account within a 12 month period. UCR Health Centers reserves the right to adjust fees and fee schedules. CareClub Membership and Passport to Health Loyalty Card programs cannot be interchanged for services.