

UCR *Passport to Health* – Loyalty Card Application

Member Information

Name _____ Company _____

Billing Address _____ City _____ St _____

Zip _____ Phone (_____) _____ Email _____

Passport to Health – Loyalty Card Guidelines

Cost of Card = **\$25.00**

Limit = **One Card / Patient / Year**

Urgent Care

- *Passport to Health* discount does not apply when using any type of health insurance SELF PAYING PATIENTS ONLY
- Discount becomes valid on second visit through expiry date (1 year from purchase)
- Discount does not apply to additional services (Example: x-ray, sutures, injections)

Procedure	<i>Passport to Health</i> Discount
Standard Urgent Visit Fee	\$30.00
Sports / Camp Physical	\$5.00
DOT / Jail Physical	\$10.00
In-house Pharmacy	\$1.00 off per med

Chiropractic / Acupuncture

- \$10.00 discount on SELF PAYING PATIENTS ONLY
- *Passport to Health* discount does not apply when using any type of health insurance
- Discount becomes valid on second visit through expiry date (1 year from purchase)

MedSpa

- \$20.00 discount on services over \$75.00 until expiry
- Discount does not apply to product purchases

Massage Therapy

- \$5.00 discount on 1 HOUR massages only until expiry

EFT and Credit Card Authorization

I elect to pay my membership fees via: Cash Mastercard Visa Amex Checking* Savings*

Name on Credit Card _____

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

Credit Card Holder's Signature _____ Today's Date: _____

**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 _____ Today's Date: _____

*Passport to Health Loyalty Card and CareClub Membership programs cannot be interchanged for services.