



Membership Application

Freedom Health Group is not health insurance, its better! Freedom Health Group does not pay for health care services received by the members, but it does offer access to very affordable primary care health services for a lot less than what typical health insurance companies can offer.

A New Approach for Accessing Affordable Health Care

There is no dispute that health insurance is unaffordable for many people today. Individuals with health insurance are paying more for less coverage through higher co-pays, higher deductibles, and higher levels of co-insurance. Individuals want and need affordable access to health care professionals to address routine health issues: annual physicals, preventive health checkups, tetanus shots, immunizations, diabetes, cholesterol checks, and even to receive a couple of stitches for a minor laceration. They also want the ability to see a health provider in a timely fashion.

Freedom Health Group understands your frustrations with the high cost for doctor's office visits and lab tests even with insurance. Our focus is on providing our members with cost-effective access to care when needed, at reasonable prices. If our members need to see a specialist, our staff will contact that specialist on their behalf and assist in identifying what a reasonable and affordable cash price will be for the members on a fee-for-service basis at the time the member visits the specialist.

Available to Anyone

Freedom Health Group is available to anyone paying the membership fee including individuals with third party health insurance and seniors. Freedom Health Group does not file or process insurance claims. Members will be provided a receipt of service provided by the health care providers for their records.

Our Customer Service Goals:

1. Freedom Health Group's goal is to set the standard for customer service in the healthcare industry.
2. To ensure that our members receive the best customer service and to ensure their primary, preventive, and urgent care needs are being met at an affordable and reasonable price.

Benefits of Freedom Health Group – It’s Your Group!

Freedom Health Group offers a common sense approach to accessing affordable healthcare. For a membership fee paid either monthly or annually, members receive the benefits of access to a team of professional health care providers located at Freedom Health Group’s health center, and believe in providing quality care at a reasonable price. In addition, members gain a staff that helps them negotiate on their behalf and advocate quality care at a reasonable price. Specifically, members receive the benefits of negotiations and advocate services that include, but not limited to the following:

- Saving hundreds of dollars on:
 - Standard office visits (e.g. \$25 vs. \$185).
 - Lab test (e.g. \$50 vs. \$225 for wellness panel).
 - Annual physicals (e.g. \$150 vs. \$350).
 - Urgent care visits (e.g. \$25 vs. \$165).
 - Basic x-rays (e.g. \$60 vs. \$180).
- Convenient scheduling time slots
- Care management between providers and specialists
- Assistance in managing chronic health issues
- Negotiating reasonable pricing with specialists
- Assistance in locating lower prescription drug costs
- Access to providers by phone after hours and for urgent care needs
- Health report card to track your health history
- **FREE** follow-up visits within 10 days for same condition

Health Services Offered by Health Care Providers

The health care professionals providing the medical care within Freedom Health Group’s health center are independent licensed Advanced Registered Nurse Practitioners (ARNPs) in good standing with the State of Washington. They provide health care services in the area of primary and urgent care. If the current health issue requires a specialist, the health care provider will recommend one, and our staff will help the member identify what that cost will be.

Areas of Primary Care

- Well child and adult annual exams
- Family wellness and health screenings
- Preventive care and immunizations
- School and Sports exams
- Health Report Card
- Chronic disease monitoring and management
- Lab tests and EKG’s
- Counseling and educating members on:
 - health behaviors
 - self-care skills
 - treatment options
- Collaboration with other health professionals

Areas of Urgent Care

- Sports Injuries
- Sprains, Strains, and Splints
- Sore throats or Strep Throats
- Colds, Flu, and Fevers
- Respiratory Infections
- Earaches and Headaches
- Minor Burns, Sunburn
- Lacerations (needing sutures)
- Fractures (non-surgery required)
- Back pain
- Foreign Body Removal
- X rays (off site)

Freedom Health Group Affordable Membership Approach

Freedom Health Group believes to be an informed and responsible consumer of health care, members need accurate information on cost. With Freedom Health Group and the health care providers working within the health center, there is no hidden charges, no surprises at the end the visit, and no surprise bill at the end of the month. There are two levels of access memberships individuals can choose from, “Limited” and “Full”.

Limited Membership

This membership is tailored to the individual that only needs to see a health care provider 2-3 times a year. It provides access to a cost-effective annual physical and two office visits at \$25 each for those times a prescription is needed to address the health issues such as the flu, sinus infection, or bladder infection. Limited members **do not receive the advocate benefit services and do not get the benefit of the lower lab test fees.** A limited member can upgrade to a Full membership by paying the difference between the Limited and Full membership cost at any time.

Full Membership

For individuals, single parents, family with children, or seniors (65+), A **FULL** membership allows the members unlimited \$25 office visits and lab tests that range from \$20-\$70 each. A full membership can help individuals (including seniors) and families save money in managing their medication and chronic health issues requiring the supervision of a health care provider. A full membership allows parents an affordable option for getting their children seen for ear infections, sport injuries, cuts, bruises, and sport physicals at an affordable cost.

Seniors that purchase a Full membership, please understand that Freedom Health Group does not process Medicare claims. The health care provider will provide the member with a copy of the bill, allowing the member to submit to Medicare for reimbursement.

Membership Costs

Limited membership cost is **\$250 per 12-months** and must be paid in full

Full membership cost schedule

	<u>12 Monthly Payments</u> ^[2]
Individual ^[1]	\$ 75 per month
Family with children ^[1]	\$ 150 per month
Seniors (65+)	\$ 50 per month

[1] An individual adult is age 18 years and older. Children under 18 and living with their parent(s) receive free membership with a paid parent under the **FULL** membership.

[2] Monthly payments **REQUIRE** members to set up automatic direct payments from their checking or savings account, or credit card.

Members gain access and receive the benefits of membership to Freedom Health Group’s health center when a completed application and first month or full payment is received.

Right to Cancel

Members can cancel their membership within the first 30 days following receipt of their application by Freedom Health Group. Members that cancel within the 30 days will receive their membership fee minus a \$30 processing fee. **After 30 days, the membership fee is non-refundable and the Member is responsible and obligated to pay the total annual fee, if paying membership through monthly payments.**

Members also may be charged by the health care provider of any office visits during the initial 30 days at the non-member rate, and may result in owing the health care provider additional money for services provided during the initial 30 day. Bill will be issued by the health care provider.

Sometimes there are Concerns

Members are the reason Freedom Health Group's health center exist. Freedom Health Group is committed to outstanding customer service. There may be a time when things do not always connect between the member, staff, and or health care provider. If the member is not able to resolve the issue on his or her own and would like help, let us know and our top priority will be to help resolve the issue fairly and timely. A feedback form is located on our web site and in the reception area. The feedback form will allow senior management to look at it objectively and get the issue resolved quickly.

Hours of Operation

Monday - Friday 8:30 a.m. to 7:00 p.m.

Saturday 8:30 a.m. to 5:00 p.m. **(By Appointment ONLY)**

Sunday and Holidays Closed

After-hours assistance and urgent care needs – Members are provided with the health providers contact number and if needed, the health care provider will meet the member at the health center for treatment.

Health Center Location - As membership grows, more health center locations will be opened.

Spokane Valley 924 S. Pines Rd., Ste. 101
Spokane Valley, WA 99206
Phone 509-892-3113
Fax 509-892-3663

Have questions: Call: 509-892-3113
E-mail: info@freedomhealthgroup.com
Online: www.freedomhealthgroup.com

Disclaimer – What Freedom Health Group Corporation DOES NOT OFFER

Freedom Health Group Corporation DBA Freedom Health Group is not and does not purport to be a health plan and does not offer, represent, or otherwise sell or provide coverage for health insurance, pre-paid healthcare plan, or prescription drug plan. A paid membership in Freedom Health Group does not constitute or grant the member and or dependents of the membership program access to a prescription drug plan, hospital coverage, in-patient or out-patient care services, specialty care, or diagnostic testing performed in or out of a hospital or specialist office. The monthly membership fee provides only ACCESS to contracted licensed health care professionals providing health services on a fee-for-service basis located within Freedom Health Group's health center. **FREEDOM HEALTH GROUP MEMBERSHIP FEES DO NOT PAY FOR ANY HEALTH CARE SERVICES RECEIVED BY THE MEMBER FROM THE INDEPENDENT HEALTH CARE PROVIDER.**

Freedom Health Group Corp. - Membership Application

(Please Print)

Applicant's Last Name		First Name		M.I.	
Address		City		State Zip	
Home Phone		Mobile Phone		Work Phone	
Employer				Date of Birth / /	
Name of Provider you last visited?				Date	
Spouse Last Name		First Name		M.I.	
Spouse DOB / /		Name of Provider last visited?		Date	
Applicant's E-mail			Spouse's E-mail		

List of Legal Dependents (Age 1-17)

Doctor & visit information is voluntary

1. Last Name, First, M.I. _____	Doctor last visited? _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ____/____/____	Date of Last Visited? _____
2. Last Name, First, M.I. _____	Doctor last visited? _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ____/____/____	Date of Last Visited? _____
3. Last Name, First, M.I. _____	Doctor last visited? _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ____/____/____	Date of Last Visited? _____
4. Last Name, First, M.I. _____	Doctor last visited? _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ____/____/____	Date of Last Visited? _____

If you have more than three dependents, please fill out the dependent section on a second application.

Membership Fees	No. of	Full Membership	No. of	Limited Membership
<u>Check only one box</u>	<u>Individuals</u>	<u>Monthly Payments</u> ^[3]	<u>Individuals</u>	<u>Individuals</u>
Individual ^[1]	_____ x	<input type="checkbox"/> \$ 75 per month	_____ x	<input type="checkbox"/> \$250 ^[1,4] (paid in full)
Senior (65+)	_____ x	<input type="checkbox"/> \$ 50 per month		

***** Membership is free for children under 18 living with their parent(s) under the Full Membership *****

[1] An individual Adult is age 18 years and older. [2] Health care services provided by independent health care providers. [3] Monthly payments **must be** set up through automatic direct payment from member's checking or savings account or credit card. [4] Children of individual(s) under the limited membership do not receive free membership.

First payment due with application and **must** complete and submit an **Authorization for Direct Payment** form.

Mail completed application, first month membership payment, and completed authorization for direct payment form to:

Freedom Health Group Corp. 924 S Pines, Rd., Ste. 101, Spokane Valley, WA 99206-5423.

I further understand and have read the terms and conditions of membership as they are outlined on the back of this application. The individual(s) signing for their dependents do so at their own free will and rights as parents and/or legal guardian of the individual(s) under the age of 18 years old. With my signature below I AGREE, ACCEPT, APPROVE, AND UNDERSTAND such terms and conditions for myself as well as my dependents.

Applicant's signature: _____ Date: / /

Spouse's signature: _____ Date: / /



Terms and Conditions

The applicant (including spouse and or dependents) and hereafter referred to as (“Members”) of Freedom Health Group managed by FREEDOM HEALTH GROUP CORPORATION (FHG) agrees to the following terms and conditions for receiving access to services offered by independent licensed health care providers located within FHG’s health centers and are not employees of FHG.

1. Members have read and fully understand that FHG membership **is not** construed as, or to be interpreted as a health insurance plan, pre-paid health plan, or prescription drug plan, nor is FHG responsible for processing claims or submitting claims to third party insurance companies, federal or state insurance agencies.
2. Members understand that this is an annual fee and is required to be paid in full (if no monthly payment plan option is available) at the time the Members wishes to sign up and each year on the anniversary date that their membership was granted if they wish to receive and continue to receive access and services provided by FHG.
3. Members agree that FHG program provides access to independent healthcare providers located within FHG’s health center and offering health care services at a reasonable price on a fee-for-service basis.
4. Members understand the services of primary, preventive, and urgent care are on a fee-for-service basis at the time services and are provided by Advanced Registered Nurse Practitioners.
5. Members agree that they are the sole individual responsible for their health and treatment sought, and that they will follow the recommendations of the providers related to the maintenance of their health.
6. Members agree not to sue or file suit on behalf of themselves or their dependents, or take other legal action against the providers contracted with FHG whom they sought out for treatment of a specific illness without first agreeing to arbitrate their case with the provider(s) providing care.
7. Members agree to hold FHG harmless for the healthcare providers’ services paid for by the Member. Members understand and acknowledge that FHG and its staff have no direction, control, or authority to govern members care and or treatment prescribed by the independent healthcare provider.
8. Members understand that the fee-for-service rates published and offered by the independent healthcare providers are only available to FHG Members in good standing and at FHG’s health center facilities.
9. Members understand that paying the annual access fee grants ACCESS to FHG’s health center and health advocate services and that the annual fee does not pay for any fee-for-service charges by the independent healthcare providers.
10. Members may cancel within the first 30 days. After 30 days the annual access fee is not refundable and Member is responsible and obligated to pay the monthly fee for the next 11 months. If member cancels within the first 30 days they understand and agree they are responsible for a \$30 processing fee. Members also may be charged by the health provider of any office visits during the initial 30 days at the non-member rate, and may result in owing the health provider additional money for services provided that will be billed and due with 15 days of invoice date.
11. Members understand that they will be charged all bank fees plus \$20 by FHG for non sufficient funds (NSF) if they fail to maintain adequate funds to cover the monthly payment obligations they committed to under the monthly payment option to receive access to FHG and the contracted providers and that if more than one NSF is received by FHG, Members membership maybe terminated and will be charged additional charges as outlined in item 10.

_____ [Applicant(s) Initials]

Mail application and payment to: Freedom Health Group Corp.
924 S. Pines Rd., Ste. 101
Spokane Valley, WA 99206-5423

Authorization for Direct Payment

For the purposes of honoring debits or credits for collection of membership access fee initiated by:
FREEDOM HEALTH GROUP CORPORATION
DBA FREEDOM HEALTH GROUP
 PO Box 921
 Spokane Valley, WA 99037

I hereby authorize FREEDOM HEALTH GROUP to initiate debit entries to my DEPOSITORY financial institution or my CREDIT CARD, named below and to debit the same to such account. I understand that I have the right to receive notice of each debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.00. This Authorization will remain in effect until I notify FREEDOM HEALTH GROUP in writing at the above address to terminate and FREEDOM HEALTH GROUP has a reasonable time to act on the termination. After my CREDIT CARD or DEPOSITORY has been charged, I understand I have the right to have the amount of the erroneous debit immediately credited to my account by my CREDIT CARD or DEPOSITORY, provided I send written notice of such debit entry in error to my CREDIT CARD or DEPOSITORY within 15 days following issuance of the account statement or 60 days after posting, whichever occurs first.

I elect to use my Bank Account for making monthly payments.

Name of DEPOSITORY (Bank) Where Debit is Authorized		City	State	Zip Code of Bank
Transit/ABA Number	Checking <input type="checkbox"/> Savings <input type="checkbox"/>	DEPOSITORY (Bank) Account Number		Payments Mode <u>Monthly</u>
Signature		Date Signed	Debit Date Each Month <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 7 th Amount each debit \$	

I hereby authorize Freedom Health Group to withdraw from my account listed above, the amount and on the date of each month as specified above for the next 11 months.

Authorized Signature	Date Signed
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Credit or Debit Card Authorization

I hereby authorize Freedom Health Group Corporation to charge my credit/debit card the following amount of \$_____ each month for the next 11 months beginning _____.

Credit Card Payment Option: Visa MC Card # _____ CVV Code # _____
 Name on Card _____ Exp. Date ___/___/___ (Last 3 digits on back)
 Mailing Address (Where credit card statement is mailed) _____
 City/State/Zip Code _____
 Cardholder Authorized Signature _____ Date _____