

UCT HealthPLUS Enrollment Form

Name: _____ Referred By: _____

Company: _____ Date: _____

Home Address: _____

Cell Phone: _____

E-mail Address: _____

Option 1: UCT HealthPLUS – Individual Membership

Individual Membership

Cost: ~~\$100 / Month~~

September SPECIAL: \$60 / Month

Option 2: UCT HealthPLUS – Family Membership *

* UCT HealthPLUS Family membership includes the driver and up to 4 additional family members (1 spouse and up to 3 children age 2 and above).

The total cost for the entire family is \$150 / month.

Family Membership

Cost: ~~\$150 / Month~~

September SPECIAL: \$100 / Month

* Yes, as part of my HealthPLUS membership (no extra cost), I want to receive HealthPLUS appointment reminders and health tips via text message to my mobile phone.

* By checking the box above and providing your mobile phone number you are allowing us communicate to you via text message for HealthPLUS appointment reminders and health tips. 2 Msgs/Month. Reply **STOP** to cancel, **HELP** for help. Msg&data rates may apply. Terms: bit.ly/1VyrprK

Member Payment Information:

Name on Credit Card: _____

Address: _____

Credit Card #: _____

Expiration Date: _____ Three Digit Security Code: _____

Signature: _____ Date: _____

Note: Credit Card will be charged on a monthly basis.

Special September 2017 Pricing: Individual: \$60 / month, Family: \$100 / month

UCT HealthPLUS Terms and Conditions

- I acknowledge and understand that UCT HealthPLUS is an annual membership and will be automatically renewed every 12 months.
- I acknowledge and understand that I cannot cancel my UCT HealthPLUS membership during the 12 month term.
- I acknowledge that this **agreement does not provide comprehensive health insurance coverage** nor is it a contract of insurance. This agreement **provides only the healthcare services specifically described** on pages 3 and 4 of this enrollment form.
- I acknowledge and understand that Urgent Care Travel (“UCT”) is not responsible for any charges incurred for health care services performed outside of UCT including but not limited to emergency room, hospital and specialty services.
- I may terminate the UCT HealthPLUS membership after each 12 month term by contacting UrgentCareTravel via e-mail at services@urgentcarentravel.com.
- UCT reserves the right to increase the UCT HealthPLUS membership pricing after each 12 month term, and that I will be given, in writing, at least sixty (60) day notice of such UCT HealthPLUS price changes.

I hereby acknowledge enrolling in UCT HealthPLUS and reviewing and agreeing to the UCT HealthPLUS terms and conditions.

Signatures

Signature: _____

Print Name: _____

Date: _____

UrgentCareTravel Representative (Print Name): _____

UrgentCareTravel Clinic: _____

UCT HealthPLUS In-Clinic Services

The UCT HealthPLUS membership program includes the following no deductible / no co-pay services, including DOT Physicals, drug screens and primary care.

Primary Care Services

- Chronic Disease Management
 - Diabetes
 - High Cholesterol
 - Hypertension
- Blood Pressure Check
- Biometric Screening
 - BMI, Cholesterol, Blood Pressure, Glucose and Body Measures
- Physical Exam
- Upper Respiratory Infection
- Sinus Infection
- Cold / Cough / Flu
- Ear Infection
- Ear Wax Removal
- Vision Screening

In-Clinic Lab Services

- Flu Shot (1/year)
- Glucose Finger Stick
- HbA1c (Blood Test for Diabetes)
- Lipid Profile
 - Cholesterol – HDL, LDL, Total
- Mono Testing, Rapid Strep Testing
- Tetanus Shot
- Tuberculosis Test
- Urinalysis Drug Screen / Non-DOT
- Urine Dip
- Lab Services Blood Draw

Work Injury Services

- First Line of Defense for Work Injuries, Including:
 - Muscle Pain / Strain
 - Laceration Repair
 - Wound Care (e.g. burns)

Driver/Employee Services

- DOT Physical Exam
- Physical Exam
- Turnkey Drug Screen Service
 - Collection, Lab, MRO and Reporting
- Urine/Hair Drug Screen Collection
- Breath Analyzer Test (BAT)
- Physical Abilities Exams (Customized)
- Pulmonary Function Test (PFT)

24x7 Doctor Access by Phone/Video

- Individual Plan: Includes 2 no-cost calls per year
- Family Plan: Includes 4 no-cost calls per year

UCT HealthPLUS Member Acknowledgement

Member's Initials: _____

Date: _____

UCT HealthPLUS Membership Does Not Cover:

- Emergency transportation from a clinic to an Emergency Room
- Chronic pain management
- Alternative therapies such as massage therapy, acupuncture, chiropractic
- Dental care
- Emergency treatment or intensive care
- OB/family planning, Maternity/prenatal care
- Hospital care / Outpatient surgery center care
- Emergency psychiatric
- Attending physician at hospital
- Cost of filling prescriptions
- Cosmetic surgery
- Drug and alcohol dependency treatment
- Hearing care / Vision care
- Psychiatric care
- Lab work / analysis performed by 3rd party labs
- UrgentCareTravel will work with UCT HealthPLUS members to help schedule diagnostic procedures not available in the clinic including X-rays, CT scan, MRI, advanced cardiac tests, advanced radiology, ultrasound, mammograms and other procedures.
 - Please note that these procedures are paid for by the UCT HealthPLUS member.
- **Services not explicitly listed in the Primary Care Services, Work Injury Services, Driver/Employee Services and the In-Clinic Lab Services sections.**

Disclaimer: UCT HealthPLUS is not health insurance nor an official ACA Major Medical Plan. UCT HealthPLUS is a membership-based primary care services healthcare program, but does not include hospitalization or emergency services

UCT HealthPLUS Member Acknowledgement

Member's Initials: _____

Date: _____

Return Completed UCT HealthPLUS Enrollment Form 1 of 3 ways:

- In person at any UCT Clinic
- E-mail to mstrobin@urgentcaretravel.com
- Fax to (909) 697-2488, Attention: Mitch Strobin