

Membership Billing Application



Mail to: DIME Medical
340 Main Street
Darlington, WI 53530
Fax to: (855) 574-5406
Phone: (608) 482-2005

Patient(s) Name(s): _____ Date: _____

Above name should be payor family membership or parent child or similar, other names below:

If someone else is paying your membership outside of the Member family, then see #4.
You may pay for your Membership in a variety of ways but payment is due at onset of month of service: CHOOSE A METHOD OF PAYING

1. Automatic Bank Deduction for membership fee and any charges:

Name of bank: _____

Account holder name: _____

Routing Number: _____

Bank Account Number: _____

I authorize the direct bank deduction from my bank account to pay the Membership Fee:

_____ Every Month, _____ Every 3 months, _____ Every 6 months, _____ Every year

On the _____ 1st, _____ 5th, _____ 10th, _____ 15th, _____ 20th, _____ 25th of the month

Signature: _____ Date: _____

2. Automatic Credit Card payment of Membership fee and any charges:

Name on Credit Card: _____

Credit Card Number: _____ CVC: _____

Expiration Date: _____

_____ Every Month, _____ Every 3 months, _____ Every 6 months, _____ Every year

On the _____ 1st, _____ 5th, _____ 10th, _____ 15th, _____ 20th, _____ 25th of the month

Signature: _____ Date: _____

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3. Manually pay each payment period of membership fee and any charges:

____ Personal Check, _____ Manual Credit Card payment, ____ Cash

Every: ____ Month, ____ Every 3 months, ____ Every 6 months, ____ Every Year

Please send me a bill for the charges. Payment is due be BEFORE services period begins.

Signature: _____ Date: _____

4. Someone else is paying the Membership and any fees associated with this patient/family account. Please also complete appropriate sections in 1-3 above with PAYOR signature.

Name of payor: _____

Phone of payor: _____

Address of payor: _____

Signature of Payor: _____ Date: _____

Discounts:

Adult \$600/yr:

Paying for full year - 5% discount -- would be \$570 for full yr.

Paying for 6 months - 2.5% discount -- would be \$585 for full yr.

Paying for 3 months - 1% discount -- would be \$594 for full year.

Child \$300/yr : 5% is \$285, 2.5% is \$292.50, 1% is \$297

Family \$1,800/yr: 5% is \$1,710, 2.5% is \$1,755, 1% is \$1,782