

# Membership Billing Application 2020



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

Primary Member Name 1: \_\_\_\_\_ Date: \_\_\_\_\_

Above name should be payor of family membership or similar, with other names below:

2.	5.
3.	6.
4.	7.

**Payment Interval CHOOSE ONE:**

- Paying for full year - 5% discount
- Paying for 6 months - 2.5% discount
- Paying for 3 months - 1% discount

\_\_\_\_\_ Every Month, \_\_\_\_\_ Every 3 months, \_\_\_\_\_ Every 6 months, \_\_\_\_\_ Every year

**AUTOMATIC PAYMENTS:**

**Payment Date - Please choose one closest to Membership anniversary - CHOOSE ONE:**

On the \_\_\_\_\_ 1<sup>st</sup>, \_\_\_\_\_ 5<sup>th</sup>, \_\_\_\_\_ 10<sup>th</sup>, \_\_\_\_\_ 15<sup>th</sup>, \_\_\_\_\_ 20<sup>th</sup>, \_\_\_\_\_ 25<sup>th</sup> of the month

<b>Automatic Bank Deduction for membership fee and any charges:</b>  Name of bank: _____  Account holder name: _____  Routing Number: _____  Bank Account Number: _____	<b>Automatic Credit Card payment of Membership fee and any charges:</b>  Name on Credit Card: _____  Credit Card Number: _____  CVC: _____  Expiration Date: _____
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I authorize the direct bank deduction or Credit Card charge on the account to pay the Membership Fee and any other fees/charges at DIME Medical:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Personal Check, \_\_\_\_\_ Manual Credit Card payment, \_\_\_\_\_ Cash

Please send me a bill for the charges by:

\_\_\_\_\_ Email, \_\_\_\_\_ Phone Text, \_\_\_\_\_ Mail

Email account to use: \_\_\_\_\_

Phone text number to use: \_\_\_\_\_

Address to use: \_\_\_\_\_

Payment is due be BEFORE services period begins. 30 day grace period before membership is suspended if unpaid - waiver at discretion of DIME Medical.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Discount PAYMENTS:**

<b>Membership</b>	<b>12 months 5.0%</b>	<b>6 months 2.5%</b>	<b>3months 1.0%</b>
Adult \$50	\$570	\$292.50	\$148.50
Child \$25	\$285	\$146.25	\$74.25
Family \$150	\$1,710	\$877.50	\$445.50

**COST for FULL 12 MONTHS**

<b>Membership</b>	<b>12 months 5.0%</b>	<b>6 months 2.5%</b>	<b>3months 1.0%</b>
Adult \$600	\$570	\$585	\$594
Child \$300	\$285	\$292.50	\$297
Family \$1,800	\$1,710	\$1755	\$1,782