

EMPLOYER Billing Application



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

Employers Name: _____ Date: _____

Company Name: _____ Phone: _____

Address for mailing: _____

Above name should be payor for employees listed below:

1	4
2	5
3	6

Or "See Attached List of names"

CHOOSE WHAT PARTS YOU are going to pay for your employees AND what percentage.
 0% --- 50% --- 100%. Remaining percentages will be assumed to be paid by employee.

Registration - ONE TIME fee \$35 per member, \$25 for 4 or more	MEMBERSHIP SUBSCRIPTION This is the major recurring fee	Laboratory sendout fees (discounted)	Prescriptions NOT AVAILABLE in 2020	Miscellaneous charges NONE in 2020
%	%	%		

Discount PAYMENTS:

Membership	12 months 5.0%	6 months 2.5%	3months 1.0%
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

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

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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: _____

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: _____
