

We are here to offer you and your family medical care whenever you need us.

You can count on a friendly professional staff, convenient hours, expedient treatment and expert physicians.

We realize that rising healthcare costs make insurance cost-prohibitive for some people in our community and we would like to assist by offering a discount plan for our services. We appreciate the opportunity to take great care of you!

For a **\$140** Annual Fee, the **Riverview Family Medicine Discount Plan** offers:

\$60 per visit **Unlimited Sick Office Visits**

(\$140 Annual Fee includes one free visit.)

\$85 **One Annual Physical**

(includes CBC labwork & urinalysis)

20% discount

Procedures (laceration repair, dislocation, sprains, strains, burns, foreign body removal, etc.)

50% discount

X-Rays

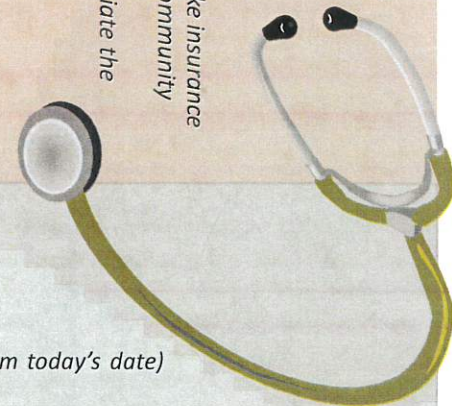
20% discount

All other services (supplies, EKGs, immunizations, IV Fluids, etc.)

10% discount Laboratory Testing (In House)

To join the Riverview Family Medicine Discount plan and receive great savings on your healthcare costs, please visit us at 2450 India Hook Road, Rock Hill, SC 29732.

This is not insurance. This program is for patients with no insurance or with plans that cover only catastrophic conditions. Claims cannot be filed with insurance companies and payments do not apply to deductibles. Medications and outside labwork are not covered. It allows the bearer to receive discounted rates at Riverview Family Medicine and Urgent Care. It is non-transferable and a valid picture ID is required. Patients will be responsible for total payment of all services on date treated. The plan expires one year from date of sign-up. If you obtain insurance at anytime during that year, this discount plan is null and void.



Please sign me up for the Riverview Family Medicine Discount Plan

Individual Riverview Family Medicine Discount Plan (\$140 annual fee - expiration date one year from today's date)

Name _____ Date of Birth ____ / ____ / ____

Street Address: _____

City _____ State _____ Zip Code _____

Primary Phone Number () _____ Alternate Phone Number () _____

E-mail Address: _____

Emergency Contact _____ Phone () _____

All information is accurate to the best of my knowledge, and I agree to all terms and conditions of the Membership Agreement. I want to be a member of the Riverview Family Medicine Discount Plan because of rising health care costs and private insurances that are unaffordable. I understand that the Riverview Family Medicine Discount Card IS NOT AN INSURANCE PROGRAM; it is a discount medical program for services at Riverview Family Medicine and Urgent Care and I cannot file claims with an insurance company for these services and payments do not apply to deductibles. In order to receive the program discounts, I must pay for all services received on the date of treatment. The card is non-transferable and a valid picture ID of patient or guardian will be required for treatment. This program expires one year from today's date and is non-refundable.

Signature _____ Date _____

Payment Due \$ _____

Paid by Check # _____ Cash VISA Master Card American Express

Card # _____ Expiration Date _____

Name on Card _____

Billing Address (if different from above) _____

City _____ State _____ Zip Code _____