

FOR OFFICE USE ONLY

ACCT. #

DATE RECEIVED

Immergrün, Inc. Medical Discount Card Application

New Individual Registration New Family Registration
 Update to Registration

(Type of update: moved death birth marriage dependant turned 21 other)

Have you or anyone in your family seen a doctor through Immergrün before? yes no

PLEASE PRINT CLEARLY AND USE BLUE OR BLACK INK.

Instructions:

REGISTRATION:

Applications will be given to families by their church elders.
Application Fee: \$5.00. Please make checks payable to Immergrün and enclose with application.
 Applications that are not fully completed will be returned for completion and will delay the registration process.
 Completed applications should be returned to the designated church representative who will forward them to Immergrün.
 After processing, identification cards will be sent to each family by Immergrün.
 This card will cover all members included on the registration form.
 Expiration of these cards will be determined by each church individually. This information will be included on the card.

UPDATING INFORMATION:

It is the responsibility of the head of household to notify Immergrün as to any changes of information.
 Updates can be made by calling 1.800.333.3561 or by sending an updated application form.
 Please select "Update to Registration" at the top of the form and type of update.
 Forms can be obtained from the church or by calling 1-800-333-3561.

Completed update forms can be sent to: **Immergrün, Inc.**
7318 International Dr., Ste D
Holland, OH 43528

BILLING POLICY:

It is the policy of Immergrün, Inc that all statements received from Immergrün are paid in full upon receipt. Payments not received on time will result in the account being forwarded to the church deacon for collection. This policy has been adopted to help keep health care cost as low as possible for our members. Any questions regarding this policy may be directed to your church deacon or contact Immergrün at 1-800-333-3561.

A. HEAD OF HOUSEHOLD

LAST	FIRST	MI	DATE OF BIRTH	SEX	TAX ID # OR SOCIAL SECURITY #
				_M _F	- -
ADDRESS		CITY		ST	ZIP
HOME PHONE # OR VOICEMAIL #			MARITAL STATUS		
SPOUSE LAST NAME	SPOUSE FIRST NAME	MI	SPOUSE DATE OF BIRTH	SEX	TAX ID # OR SOCIAL SECURITY #
				_M _F	- -
EMERGENCY CONTACT		RELATIONSHIP TO PATIENT		CONTACT NUMBER	

AUTHORIZATION FOR USE OR DISCLOSURE OF PERSONAL HEALTH INFORMATION (PHI)

Immergrün will protect the privacy of your personal health information (PHI). There will be services provided to Immergrün through a third-party administrator (that Immergrün engages) to process the payment of your healthcare claims. Both Immergrün and the third-party administrators are required by Law to only use and /or disclose your PHI for treatment, payment, and healthcare operations.

- 1) An individual has the right to revoke the authorization of disclosure of PHI. Notice of revocation should be sent to Immergrün, Inc. All PHI used or disclosed prior to the notice being received by Immergrün may continue to be used or disclosed for treatment, payment and healthcare operations.
- 2) Treatment, enrollment in the health plan, and eligibility for the benefits being provided by Immergrün and/or the third party administrator are conditioned upon the individual signing the authorization.
- 3) Immergrün and the third party administrator have privacy policies in place; however, there is a small chance that during the treatment, payment and healthcare operations, your PHI may be subject to redisclosure and no longer protected.

SIGNATURE OF APPLICANT

I verify all of the information contained on this application is accurate to the best of my ability. I acknowledge and agree to the above health privacy statements:

 SIGNATURE DATE

Please print clearly with blue or black ink. Application is continued on the back.

C. CHURCH AFFILIATION INFORMATION

CHURCH	PLEASE CIRCLE ONE: OOA Mennonite Other: _____	DISTRICT #	BISHOP
--------	--------------------------------------------------	------------	--------

CHURCH REPRESENTATIVE /TITLE (PLEASE PRINT)

REPRESENTATIVE ADDRESS	CITY	ST	ZIP
------------------------	------	----	-----

REPRESENTATIVE CONTACT PHONE NUMBER	ADDITIONAL CONTACT INFORMATION
-------------------------------------	--------------------------------

CHURCH REPRESENTATIVE SIGNATURE

I have issued this card to the above named church member and our church stands behind this member the medical bills of the member and all covered dependants:

..... SIGNATURE DATE

D. ADDITIONAL FAMILY MEMBERS COVERED (If more room is needed, please list on back)

PLEASE LIST ONLY NON-MARRIED DEPENDANTS UNDER 21 LIVING IN THE HOUSEHOLD (SPOUSE IS LISTED ON FRONT OF APPLICATION)

LAST	FIRST	MI	DATE OF BIRTH	SEX	TAX ID # OR SOCIAL SECURITY #
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -
				_M _F	- -

Please complete and return this form to your designated church representative. Please print clearly with blue or black ink. Applications submitted beginning 01/01/2008 should include a \$5.00 application fee. Checks should be made payable to Immergrün, Inc.