

Membership Application

Please mail to: 2321 70th Rd., Humboldt, KS 66748

Last Name	First Name	M.I.	Birth Date	Sex	Social Security #
Address		Apt. #	City	State	Zip
Home Phone () ()	Work Phone () ()	Fax Phone () ()		Email Address	
IMR #	IMR Name				County

Program Selection & Pricing

Genesis Program Amount--\$89.00, \$29.00, \$267.00 etc. _____

Processing Fee--\$35.00 (first month only) **\$35.00**
One Time Processing fee for New Members (Non-Refundable)

Total First Payment First payment must be made by check, money order or credit card.
If paying by bank draft a voided check must be enclosed. _____

All New Members Must Read and Sign Below:

I understand that a Genesis Direct membership is not an insurance plan or program. I understand that in order to receive the program savings, I must access the contracted networks and pay the medical providers promptly for all services received. I understand that changing or amending any of my existing insurance programs is a personal decision and is not based upon any recommendation by Genesis Direct or any representative. **I have read and agree to abide by the Member Terms and Conditions listed on the back of this form.** I also understand that neither Genesis Direct nor the networks accessed are responsible for the outcome of the medical care received or the cost of that care. I also authorize Genesis Direct to deduct the periodic payments from my account as noted below until written notice is received 5 business days before the next scheduled payment.

Signature

_____/_____/_____
Date



Sign Here

Payment Timing (check one):

Monthly Quarterly Bi-Annually Annually

Check One

Est. Draft Date: 12th 17th 22nd

Payment by Automatic Bank Draft (Attach check for first payment) [Routing # is 9 digits & starts with 0, 1, 2, or 3]

Routing #: _____ Bank Account #: _____

Payment by Payroll Deduction (Valid Only When Company Enrollment Form Has Been Submitted by Company.)

Dependents—Spouse, Children up to the age of 25, Parents in Household over age 60 and any Other IRS Dependents Only.

Name (First, M.I., Last)	Sex	Date of Birth	Address (if different)	Relationship

Genesis Membership Terms and Conditions

1. Member understands that a Genesis Direct membership is not an insurance plan or program. Genesis Direct will make no payments to medical providers or members.
2. Member may call Genesis Direct for current provider information or will be directed to such information. Genesis Direct provides access to savings to its members on healthcare services through a number of medical networks. In order to access these networks and the related discounts, member or member's dependents must pay the medical providers promptly. Payments on all medical bills are due and payable at the time of service. Member understands that any savings for cosmetic surgery is extremely limited.
3. Neither Genesis Direct, nor any of its affiliates, nor any network accessed shall be liable for any payment to a provider accessed under the Genesis Direct program, or any refusal of participating providers to accept the network rates offered under Genesis Direct. Genesis Direct, its affiliates or any network accessed is not an insurer, guarantor or underwriter of the responsibility or liability of Member for Member's or Member's dependent's medical care or any other goods or services provided to Member or Member's dependents. This agreement, and the respective rights and obligations of the parties hereunder, shall be governed by, and construed in accordance with, the laws of the State of Kansas. Any dispute arising between you, the member, and Genesis Direct will be submitted to arbitration in the State of Kansas in accordance with the rules of the American Arbitration Association then in effect. Nothing shall deprive you of the benefits of your state's consumer protection laws.
4. Payments for the Genesis Direct program are due in advance. Genesis Direct reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to Genesis Direct. Returned checks, any form of stop payment and insufficient fund notices on bank drafts or denial by the member's credit card company for payment of the periodic program fee is deemed evidence of non-payment by a member. There will be a fifteen dollar (\$15.00) charge after such denial and member may be canceled. Delinquent payments are subject to collections and Members will pay the cost of those collections. If member wishes to reinstate for non-payment or other reasons, a \$20.00 reinstatement fee will apply. Genesis Direct reserves the right to terminate any member for failure to pay a medical provider accessed under the Genesis Direct program under the terms provided.
5. As a service to members, Genesis Direct may provide network rate information to medical providers under this program. Genesis Direct will assist members to the best of its ability to provide accurate information on network accessibility. Neither Genesis Direct nor the networks accessed are responsible for the outcome of the medical care received or the cost of that care. Members understand that networks are subject to change without advance notice.
6. Participating Medical Providers are independent contractors and Genesis Direct, its affiliates and its contracted networks are not responsible for health care provided or the omission of the provision of health care by any provider. Genesis Direct does not practice medicine or in any manner interfere with or participate in the provider-patient relationship. All health care decisions are between the patient and a provider. The selection of a provider is the obligation and decision of the patient and is not based upon the credentialing or any recommendation by Genesis Direct, its affiliates or its contracted networks.
7. Members may cancel their Genesis Direct program at any time upon **written notice only** to the company and return of the ID cards. All cancellations must be received prior to **5 business days** of the member's next scheduled draft date or payment to be removed from that draft or payment. Delinquent payments are subject to collections and Members will pay the cost of those collections. Member understands that Genesis Direct does not give refunds except in states where required by law. All cancellations must be mailed to: **Genesis Direct, 2321 70th Rd., Humboldt, KS 66748.**

Signature: _____

Genesis Direct Payment Authorization Form

I, _____, authorize Genesis Direct to draft my _____
account. For checking and savings accounts draft monthly at:

_____, _____,
Bank name Address
_____, _____,
Routing Number Account Number

For credit card and debit cards draft monthly from:

_____, _____, _____,
Card Name Account Number Expiration Date

The first payment will occur on _____ in the amount of \$_____

Special Conditions (If Needed): _____

Signature

Genesis Direct Representative

Printed Name

Date

One time or quarterly charges can be described in the “special conditions” area of this form.