



# WellCard™

*The WellCard™ Medical Savings Program provides Non-Insured Health Benefits to people like you!*

- ▶ **Significant Savings on Health Services**
- ▶ **Pre-existing Conditions Covered**
- ▶ **Reduced Fee's for Medical Services**
- ▶ **NO Waiting Periods, Annual Maximums or Claim Forms**



Medical WellCard™

### WHAT IS IT?

The Medical WellCard™ is an ideal supplement to a current insurance plan and perfect for anyone who does not have medical coverage. There are no waiting periods, no limits on visits or services, no deductibles, no age limits, no claim forms, and all pre-existing conditions are covered.

The Medical WellCard™ allows you to access over 350,000 providers nationwide. Providers include general practitioners, internists, pediatricians, cardiologists, neurologist, obstetricians, gynecologists, chiropractors and more. Every time members use the Medical WellCard™ they receive substantial group negotiated discounts. The member simply shows his/her WellCard™ at the time of service and provided that he/she settle their accounts with cash, check, or credit card they will receive a discount.

### Member Contact Information \* Required field

First Name*	Last Name*		
Address*			
City*	State*	Zip*	
Day Phone*	Evening Phone		

### Select Your Medical WellCard™ Plan Please Check One

Single per month: \$19.95  
  yearly: \$191.52  
  Family per month: \$24.95  
  yearly: \$239.52

### Dependent Information Add additional dependents on back of page

Name	<input type="radio"/> Male	<input type="radio"/> Female	Birthdate
Name	<input type="radio"/> Male	<input type="radio"/> Female	Birthdate

### Credit Card Payment Information

Name on Card	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> Discover	<input type="radio"/> AmX
Credit Card Number	Expiration Date			

### Payment & Remittance Information

Make all checks payable and send to:  
**Medical Savings Accounts Inc.**  
 2512 Luciernaga Street  
 Carlsbad, CA 92009

760-804-5788  
<http://thewellcard.com>  
[sales@thewellcard.com](mailto:sales@thewellcard.com)

### Please Read

I understand that the WellCard™ program is not an insurance program, and that I am responsible for paying the medical providers promptly for all services received when accessing WellCard™ networks and I agree to abide by the Member Terms and Conditions. I also understand that neither WellCard™ nor the networks accessed are responsible for the outcome of the medical care received or the ultimate cost of that care.

Checks or money orders can only be accepted for annual payments. Credit Card or Automatic Bank Draft or Payroll Deduction (when enrolled through employer) are required for monthly or quarterly payments.

Check this box indicating that you have read and understand the statement above.

***thewellcard.com***