



WellCard™

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

- ▶ **Significant Savings on Prescriptions**
- ▶ **46,000 Pharmacies Nationwide**
- ▶ **Save 20% to 50% on Leading Brands**
- ▶ **The Convenience of Ordering by Mail**



Pharmacy WellCard™

Enroll Now!

WHAT IS IT?

The Pharmacy - Wellcard™ program is offered through nearly all of the largest retail chains, as well as smaller independent pharmacies, in the USA. Members may also purchase their prescription drugs by mail order and on the internet directly from either our US based PBM (Pharmacy Benefit Management) affiliate or our Canadian mail order / internet pharmacy affiliate. Over 46,000 pharmacies nationwide participate in the program.

Many of the drugs that physicians prescribe have alternatives that are equally beneficial but less expensive. Insurance companies know this and increase their profits by switching patient medications. Until now, this information has not been publicly available. As a Pharmacy – WellCard™ member you have unlimited access to a prescription evaluation program that will save you from 20% to 50 % on top of the generic discounts.

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: \$9.95
 yearly: \$95.52
 Family per month: \$14.95
 yearly: \$143.52

Dependent Information Add additional dependents on back of page

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

Credit Card Payment Information

Name on Card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Visa	MasterCard	Discover	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
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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.

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