



WellCard™

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

- ▶ *People without Health Benefits*
- ▶ *People with high monthly prescriptions*
- ▶ *No deductibles, No age limits*
- ▶ *Ideal insurance suppliment*



Silver WellCard™

Enroll Now!

WHAT IS IT?

The Silver- 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 Silver- 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 Silver WellCard™ they will 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: \$28.95
 yearly: \$277.92
 Family per month: \$33.95
 yearly: \$325.92

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.