|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Information** | | | | |
| **Address** | **Email** | **Date of Birth** | **Gender** | **Relationship** |
| {{#member\_info}}{{fullname}} | | | | |
| {{address}} {{city}}, {{state}} {{zipcode}} | {{email}} | {{dob}} | {{gender}} | {{relationship}}  {{/member\_info}} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HIPAA Authorization** | | | | |
| **Address** | **Email** | **Date of Birth** | **Gender** | **Relationship** |
| {{#hipaa}}{{#IF\_isHipaaAuthorized}}{{fullname}} | | | | |
| {{address}} {{city}}, {{state}} {{zipcode}} | {{email}} | {{dob}} | {{gender}} | {{relationship}}  {{/IF\_isHipaaAuthorized}}  {{/hipaa}} |

{{#IF\_agentHipaa}}

|  |  |
| --- | --- |
| **HIPAA Authorization - Producer** | |
| **Name** | **Email** |
| {{agent\_fullname}} | {{agent\_email}} |

{{/IF\_agentHipaa}}

|  |
| --- |
| **Medical Conditions** |
| Have your or any member of your family had any of the following conditions in the past 24 months?   |  |  |  | | --- | --- | --- | | **Medical Conditions** | | | | Diabetes I | Diabetes II | Kidney Disease/Failure | | Heart Disease | Heart Bypass Surgery | Congestive Heart Failure | | Hypertension/High Blood Pressure | Behavioral/Mental Health | Herniated Disc | | Crohn’s Disease | HIV/AIDS | Asthma | | Eating Disorders | COPD | Hyperlipidemia |   {{medcon\_answer}}  {{#IF\_medcon}}   |  |  | | --- | --- | | **Member** | **Medical Conditions** | | {{#med\_table}}{{fullname}} | {{conditions}}{{/med\_table}} |   {{/IF\_medcon}} |
| Have you or any member of family received medical service, treatment or advice for a condition different than the ones listed above in the past 24 months?  {{treatment\_answer}}  {{#IF\_treatment}}   |  |  |  |  | | --- | --- | --- | --- | | **Member** | **Incident Date** | **Provider’s Name** | **Diagnosis** | | {{#treatment\_table}}{{fullname}} | {{t\_date}} | {{t\_provider}} | {{t\_diagnosis}}{{/treatment\_table}} |   {{/IF\_treatment}} |
| Have you or any member of your family been hospitalized in the past 6 months?  {{hospital\_answer}}  {{#IF\_hospital}}   |  |  |  |  | | --- | --- | --- | --- | | **Member** | **Admission Date** | **Provider’s Name** | **Diagnosis** | | {{#hosp\_table}}{{fullname}} | {{h\_date}} | {{h\_provider}} | {{h\_diagnosis}}{{/hosp\_table}} |   {{/IF\_hospital}} |
| Do you or any of member of your family have or have ever had Cancer and if so, how long ago?  {{cancer\_answer}}  {{#IF\_cancer}}   |  |  |  | | --- | --- | --- | | **Member** | **Duration** | **Cancer Type** | | {{#cancer\_table}}{{fullname}} | {{c\_length}} | {{c\_type}}{{/cancer\_table}} |   {{/IF\_cancer}} |
| Are you or any members of your family currently taking, or have you or any member of your family taken in the last 6 months, any prescription medications? Please provide details for each member below.  {{rx\_answer}}  {{#IF\_rx}}   |  |  | | --- | --- | | **Member** | **Medications** | | {{#rx\_table}}{{fullname}} | {{rx\_medication}}{{/rx\_table}} |   {{/IF\_rx}} |
| Are you or any of the members of your family pregnant or could be pregnant?  {{pregnant\_answer}}  {{#IF\_pregnant}}   |  |  | | --- | --- | | **Member** | **Future/Current Pregnancy** | | {{#p\_table}}{{fullname}} | {{pregnant}}{{/p\_table}} |   {{/IF\_pregnant}} |
| Do you or any of your family play any extreme and/or professional sports?  {{sports\_answer}}  {{#IF\_sports}}   |  |  | | --- | --- | | **Member** | **Sport(s)** | | {{#sports\_table}}{{fullname}} | {{sport}}{{/sports\_table}} |   {{/IF\_sports}} |
| Do you or any of your family consume alcohol?  {{alcohol\_answer}}  {{#IF\_alcohol}}   |  |  | | --- | --- | | **Member** | **Alcohol** | | {{#alcohol\_table}}{{fullname}} | {{alcohol\_amount}}{{/alcohol\_table}} |   {{/IF\_alcohol}} |
| Do you or any of your family member use tobacco/vape?  {{tobacco\_answer}}  {{#IF\_tobacco}}   |  |  | | --- | --- | | **Member** | **Tobacco/Vape** | | {{#tobacco\_table}}{{fullname}} | {{tobacco\_amount}}{{/tobacco\_table}} |   {{/IF\_tobacco}} |

|  |  |
| --- | --- |
| **Contribution Summary** | |
| **Requested Effective Date:** {{requested\_effective\_date}} | |
| **First Payment** | |
| **Description** | **Amount** |
| {{selectedProgramReview}}  Monthly Administration Fee  {{#IF\_sixmem}}Additional fee for more than 6 family members{{/IF\_sixmem}} | {{program\_price}}  {{monthly\_amount}}  {{#IF\_sixmem}} {{6mem\_amount}} {{/IF\_sixmem}} |
| **Total** | {{total\_amount}} |
|  |  |
| **Recurring Payments** | |
| **Description** | **Amount** |
| {{selectedProgramReview}}  {{#IF\_sixmem}}Additional fee for more than 6 family members{{/IF\_sixmem}} | {{program\_price}}  {{#IF\_sixmem}} {{6mem\_amount}} {{/IF\_sixmem}} |
| **Total** | {{recurring\_amount}} |

|  |
| --- |
| **Disclaimers** |
| {{selectedProgramReview}} |

**Guidelines**

OneShare Health manages Member sharing contributions by establishing guidelines that define which medical expenses are eligible for sharing ("Guidelines"). Neither the Guidelines, nor anything else presented by OneShare, constitutes a contract for insurance. The Guidelines do not constitute a legally binding agreement, a promise to pay, or an obligation to share. The Guidelines specify what types of expenses are eligible for sharing requests. OneShare Health reserves the right to exclude sharing eligibility for any Pre-Existing Conditions, whether disclosed at the time of your enrollment or discovered after the Effective Date of the membership. OneShare Health reserves the right to update and change its Guidelines at any time and will provide notice of any material updates/changes. It is the member’s responsibility to review the current guidelines in their member portal.

**Health Care Sharing Disclosures**

You are enrolling in a Health Care Sharing Ministry administered by OneShare Health, LLC (OneShare). A Health Care Sharing Ministry is not health insurance, and it does not guarantee or promise that your medical bills will be paid. A Health Care Sharing Ministry is a group of individuals who share a common set of ethical or religious beliefs and share medical expenses in accordance with those beliefs.

The members of this Health Care Sharing Ministry voluntarily share medical expenses with one another, and OneShare coordinates this medical expense sharing. OneShare programs should not be considered as a substitute for an insurance policy. You are always liable for your own unpaid medical bills.

If your provider does not accept your OneShare Health member ID card, requiring payment at point of service, you can submit your bill(s), for consideration of reimbursement of eligible sharing expenses.

All OneShare Health Members are required to attest to our Statement of Beliefs.

**OneShare Health Disclaimer**

ONESHARE HEALTH, LLC (ONESHARE) IS NOT AN INSURANCE COMPANY BUT A RELIGIOUS HEALTH CARE SHARING MINSTRY (HCSM) THAT FACILITATES THE SHARING OF MEDICAL EXPENSES AMONG MEMBERS. As with all HCSMs under 26 USC § 5000A(d)(2)(B)(ii), OneShare's members are exempt from the ACA individual mandate. OneShare does not assume any legal risk or obligation for payment of member medical expenses. Neither OneShare nor its members guarantee or promise that medical bills will be paid or shared by the membership. Available nationwide, but please check www.onesharehealth.com/legal-notices for the most up to date state availability listing.

**OneShare Health Concierge Disclaimer**

Concierge and Bluebook services are solely to provide information regarding various types of health care and medical services, including information relating to pricing of health care and medical services, including information relating to pricing of health care services and/or certain quality metrics for providers. We do not recommend or endorse any specific tests, physicians, procedures, opinions, or health care providers. Nothing available through the OneShare Health or Bluebook site or its services is intended to be, and must not be taken to be, the practice of medicine, medical advice, or counseling care.

First Health® is a brand name of First Health Group Corp., an indirect wholly owned subsidiary

of Aetna, Inc.

**Membership Guidelines**

Each Member is responsible for reviewing the Guidelines provided at the time of enrollment and updates when notified, and to abide by the terms of the Guidelines. It is your responsibility to understand which of your Medical Expenses are eligible for cost sharing, and which Medical Expenses are not eligible for cost sharing. Members are also provided with a toll-free number to contact Member Services with any questions they may have. Pre-certification from OneShare Health is required for certain Medical Expenses to be Eligible for Sharing.

**No Promise to Pay**

Neither OneShare nor its members promise or guarantee payment of sharing of your medical expenses or assume any risk therefor. You remain responsible for your unpaid medical bills.

**Acknowledgements**

As a Member of OneShare Health, you acknowledge the following upon enrollment:

- That the personal information you provided at the time of enrollment was true and correct.

- That you understand and accept the disclosures presented in this Member Guide.

- That you understand the OneShare Health Care sharing program is not health insurance and is not a substitute for health insurance.

- That you understand that there are no representations, promises or guarantees that your Medical Expenses will be paid.

- That you understand enrollment in OneShare is voluntary, that contributions for the sharing of medical expenses are voluntary, and that Members are free to cancel membership at any time.

- That you understand that any funds that you may receive for Medical Expenses do not come from an insurance plan but are voluntary contributions by the Members.

- That you understand that the Guidelines, program details, and Individual Share Amounts may be adjusted at any time by OneShare Health.

**Authorizations**

As a Member of OneShare Health, you authorized the following upon enrollment:

- That your first voluntary Monthly Contribution Amount to be processed immediately upon completion of your enrollment or on a specified date prior to your Effective Date.

- OneShare Health to collect a voluntary Monthly Contribution Amount as a recurring monthly transaction until you notify us otherwise or your membership cancelled.

- OneShare Health to contact Providers to obtain your medical records, and the medical records of all participants on the application with appropriate HIPAA authorizations.

**Administration**

Upon receiving an eligible medical need from a Member or Provider, OneShare

Health will assign the medical need for sharing in accordance with the Guidelines, less the amount required to be pre-shared (Individual Sharing Amount). Voluntary Membership contributions are received from each Member monthly. Up to 40% of Membership contributions may be applied towards administration of the Health Care Sharing Ministry, charitable causes, and general overhead costs. This does not include third party contracts and distribution compensation.

In any given month, the available sharing funds may or may not equal the amount of

eligible expenses submitted for sharing. If eligible expenses exceed the available sharing funds to

meet those needs, any of the following actions may be taken:

1. A pro-rata sharing of eligible expenses may be initiated, whereby the Members share a

percentage of eligible medical expenses within that month and hold back the

balance of those expenses to be shared the following month, or

2. The monthly Member contribution may be increased in sufficient proportion to satisfy

the eligible expenses. This action may be undertaken temporarily or on an ongoing basis

Administrative costs are subject to change by OneShare Health.

An annual administration fee of $45.00 is due from each Primary Member upon their Program

Year anniversary.

**Cancelling Membership**

If you wish to cancel your Membership in the OneShare Health programs, you are required to submit notice to OneShare Health in writing 15 days prior to the end of your current month. Your sharing opportunity will end the last day of your current month. Canceling your OneShare Health membership does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Healthcare Act.

**Cancellation Due to Non-Payment**

If your monthly recurring contribution attempt is declined and has been attempted three times with no approved transaction, and the amount attempted remains unpaid on the next occurrence of your billing day, your membership will be reviewed for nonpayment notice will be issued communicating a date that your membership will be cancelled if the minimum contribution is not paid. If this date passes and the minimum contributions is not paid your membership will be cancelled as of the date communicated in the nonpayment notice. Cancellation due to Non-Payment of your monthly contribution does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Healthcare Act.

**Coordination of Payments** – the following will apply:

• If a Member has an insurance policy in addition to participating in the OneShare Health program All medical expenses must be first submitted to the other payers. Once a decision has been made by the other party, the Member may then submit the expenses for an eligibility determination under their sharing membership. Proof of decision from the other payer will be required when submitting the expense. If proof is not submitted, the sharing request will not be considered. The Member expense sharing request will be reduced by the amount that was received from the other party. If there is a delayed reimbursement from another responsible party, the amount received must be forwarded to OneShare Health to help with other members’ needs, and this amount must be up to or equal to the amount that was shared by OneShare Health.

• If a Member participates in more than one health care sharing ministry, expense sharing may only be requested from one of the ministries at a time. The program where the Member has participated the longest will have first responsibility to review the medical expense for eligibility and make their determination. Should there be any unpaid amounts, those can then be submitted to the second ministry for sharing. Proof will be required of the amount shared by the first ministry for consideration under the OneShare Health program.

• OneShare Health facilitates the sharing of eligible medical bills only after any other responsible parties have paid. If another party is allegedly responsible or liable for a medical bill, OneShare Health may wait to share any bills until that party has paid in full. If OneShare Health shares a bill for which another party is fully or partially responsible, the member agrees to reimburse OneShare Health for all such bills shared when the responsible party pays the member for any part of the bill.

**Other Available Assistance**

If any other organization is willing to pay any portion of a qualifying medical bills and the member refuses to accept this payment, the member has then chosen not to have that portion of the bill shared. Funds raised by crowdfunding for shareable medical expenses must be reported to OneShare Health and will be applied to reduce the shareable amount. If government assistance is available, the member must (a) accept it, or (b) forfeit sharing eligibility for the portion that the government program would have covered. If Medicaid is available, it must be used prior to OneShare Health sharing the expenses.

**Modifying Membership Size**

To modify your membership with the OneShare Health program, whether increasing or decreasing your membership level, a written request must be made. If the request results in an increase or decrease of membership Contribution Amount, or reduction you will be notified in writing. Acceptance of these new terms must be made prior to your next monthly contribution. If a refund is due, it will be processed according to the refund policy. Your submitted sharing request will be considered based upon the date of service and program membership in effect on that date.

**Program Termination**

OneShare memberships terminate at the end of the month in which a member attains age 65.

**Refunds**

Within the first 10 days of a new Member’s Effective Date, the Member is entitled to a full refund, excluding the one-time application fee. However, if services have been utilized, refunds will not be issued. After the first 30 days, a refund for the most recently paid period may be processed if the request is submitted within 10 days of their scheduled billing date. However, if services have been utilized, refunds will not be issued. Refunds will be processed as a credit to the same card or account provided for billing.

**Restarting your Membership**

If your membership is terminated and less than 30 days have elapsed since your termination and no sharing need has occurred, and if you submit a written request to our member services team for consideration of reinstatement and pay any missed contribution, your membership will be treated as if it never ended. If a sharing need has occurred, it will be treated as a new membership and all existing health conditions will be subject to the Pre-Existing limitations defined within the respective program. You may be required to pay a new application fee, which is non-refundable.

If the termination of your membership has lapsed for more than 30 days, your request for reinstatement will be handled as a new membership and will be subject to all membership provisions within your respective program including Pre-Existing limitations. You will be notified in writing on the decision of your request to reinstate membership. You may be required to pay a new application fee, which is non-refundable.

**Timely Submission of Sharing Request**

In order to be considered for sharing, timely notice of Member medical expenses must be provided to OneShare Health within 60 days after an eligible medical expense has occurred. Allowances may be made for reasonable delays.

**Voluntary Participation**

Enrollment in OneShare is not a contract for insurance. Participation in OneShare is voluntary. Enrollment as a OneShare member is voluntary, and the sharing of monetary contributions is voluntary. You are free to cancel your membership at any time. OneShare requests that a voluntary sharing contribution be made for each month you are enrolled, to facilitate the sharing of requests published on behalf of other members.

If medical records show you have presented inaccurate date regarding age, tobacco use, or any medical condition we reserve the right to terminate membership.

**OneShare Health Programs**

Are not available for children under the age of 18 as the Primary Member.

Monthly Contribution Amounts:

- Primary Member Age Change: Your monthly contribution will increase at your program anniversary following the date you reach the next age bracket.

- Family Rates: For families of 6 or more, a $45 additional contribution applies to each additional member after the first 5 family Members. Monthly Contribution may increase/decrease in accordance with changes made to member/family enrollment, in the program

**Pre-Existing Condition Limitations: (24/24)**

Pre-Existing Condition means any sickness or injury for which a Member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24 months before the Member’s effective date of their program. Eligibility for a Pre-Existing Condition has a 24-month waiting period.

**Program Change**

One Program change allowed per program year. Any additional program change within the Program year will include application fee.

**Program Year**

Membership program year is defined as twelve months from the Effective Date. Each additional program year will begin on the anniversary of the Effective Date. Program Year applies to all Sharing Services excluding Maximum Limit Per Incident and Lifetime Maximum Sharing. Member is allowed to cancel at any time during the Program Year, at the Member's discretion.

**State Availability**

Sharing Services are not available in MD and VT. Go to www.OneShareHealth.com/legal-notices for the most current state regulations.

**Statement of Beliefs**

OneShare Health reserves the right to deny Sharing if Member does not adhere to the Statement of Beliefs.

**Tobacco Use**

If a Member used or uses tobacco in any form, (this includes vaping of any nicotine products), any health-related issues are Not Eligible for Sharing.

**If medical records show you have presented inaccurate data regarding age, tobacco use,**

**or any medical condition, we reserve the right to terminate membership.**

**In fairness to all members, each member must abide by all terms of the Guidelines,**

**membership application, and related materials. Any failures in this regard may result in**

**sharing ineligibility or membership termination.**

|  |
| --- |
| **Dispute Resolution** |

OneShare Health, LLC is a voluntary cost sharing ministry, religious and charitable association of like-minded people who come together to assist each other by sharing medical expenses. As a health care sharing ministry, OneShare Health does not contract with Members to provide medical care, it does not offer insurance, it makes no assumptions of legal risk, and it does not promise or guarantee that medical expenses will be paid or shared by the Membership. Unpaid medical bills are always your responsibility. However, for those unique situations where Members are concerned or dissatisfied with their Membership experience, OneShare Health has created a dispute resolution process that is consistent with our shared biblical beliefs about resolution within our community rather than by civil courts (I Cor. 6:1-8).

By becoming a Member of OneShare Health, each Member agrees to use the following Dispute Resolution and Appeal process as the exclusive means for resolving legal disputes and to not file a lawsuit. The Member agrees not to engage in litigation against OneShare Health, its affiliates, nor its staff or directors for any reason related to health care or Membership.

**Level 1**

Member Services Appeal: Many concerns can be resolved by calling Member services. If you are unsatisfied with your experience, please call back and ask to speak with a manager regarding your situation. OneShare Health strives to maintain a sterling reputation for first class Member service, and we want to know if you are not completely satisfied.

**Level 2**

Level Two – OneShare Health Committee 30-day Review: if Member services management is unable to resolve your concern, you may send a written request, within 60 days of the determination, for a 30-day review by a OneShare Health Committee. In order to ensure that they are working with complete information, please include a written summary of your case, actions you have taken to resolve the matter, and any relevant sections of the OneShare Health sharing guidelines which may be applicable to your case. A panel of OneShare Health executives will review your case and respond in a timely manner. All Level Two appeals must be submitted within 60 days of the determination date:

Mailing Address: OneShare Health

Attention: Dispute Committee

PO BOX 1837

Grapevine, TX 76099

By Email: Dispute@OneShareHealth.com

By Fax: (682) 651-7397

Attn: Dispute Department

**Level 3**

Arbitration: If you are unsatisfied with the decision of the OneShare Health Committee, the final legal option is to submit the case to Arbitration in accordance with the Arbitration Agreement which each Member signs upon enrollment. The Member may submit the dispute for arbitration with the Institute for Christian Conciliation (ICC) or the American Arbitration Association (AAA). The Member will be responsible to bear one-half of the fees of the Member’s selected arbitration program (ICC or AAA), and all of the Member’s own incidental or legal costs. The arbitration shall be held in Dallas, Texas unless the parties otherwise agree. One arbitrator shall preside over the dispute and shall be selected by mutual agreement between the parties. If the parties cannot agree on an arbitrator, the selected arbitration program (ICC or AAA) will appoint the arbitrator. If you wish to invoke this provision, please send a written request to Member services. All Level Three appeals must be submitted online at:

<https://www.instituteforchristianconciliation.com> or <https://www.adr.org>

|  |
| --- |
| **State Disclosures** |

{{#IF\_stateDisclaimer1}}

General Notice for the following states: Alabama Code Title 22-6A-2, Arizona Statute 20-122, Arkansas Code 23-60-104.2, Florida Statute 624.1265, Georgia Statute 33-1-20, Idaho Statute 41-121, Louisiana Revised Statute Title 22-318,319, Maine Revised Statute Title 24-A, §704, sub-§3, Michigan Legislature §550.1867, Mississippi Code Title 83-77-1, Nebraska Revised Statute Chapter 44-311, New Hampshire §126-V:1, North Carolina Statute 58-49-12, South Dakota Statute Title 58-1-3.3, Texas Code 8, K, 1681.001, Virginia Code 38.2-6300-6301, Washington Revised Code 48.43.009 and Wyoming Statutes Title 26.1.104 (a)(v)(C):

{{/IF\_stateDisclaimer1}}

{{#IF\_stateDisclaimer2}}

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and its product should never be considered insurance, and neither its guidelines nor plan of operation is an insurance policy. If you join this organization instead of purchasing health insurance, you will be considered uninsured. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills This organization is not regulated by the State's Department of Insurance though complaints concerning this Health Care Sharing Ministry may be reported to the office of the State Attorney General. You should review this organization’s guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

Specific Notice for the following States: Indiana Code 27-1-2.1, Illinois Statute 215-5/4-Class 1-b, Missouri Statute §376.1750 and Wisconsin Statute 600.01(1)(b)(9)):

{{/IF\_stateDisclaimer2}}

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines not its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization not any other participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

{{#IF\_stateDisclaimer3}}

NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATIONS OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECIEVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION NOR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.

{{/IF\_stateDisclaimer3}}

{{#IF\_stateDisclaimer4}}

Pennsylvania 40 Penn. Statute §23(b):

NOTICE: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

{{/IF\_stateDisclaimer4}}

|  |  |
| --- | --- |
| **Signature** | |
| By electronically acknowledging this authorization, I acknowledge that I have read and agree to the terms and conditions set forth in this agreement. | |
| \s1\ | \d1\ |