

# EMPLOYER/3<sup>rd</sup> PARTY Billing Application

The logo for DIME Medical, featuring the word "DIME" in a large, bold, blue sans-serif font, followed by "Medical" in a smaller, blue sans-serif font. The text is centered between two thick, horizontal red bars.

**Mail to:** DIME Medical  
340 Main Street  
Darlington, WI 53530  
**Fax to:** (855) 574-5406  
**Phone:** (608) 482-2005

Company/Payor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Address for mailing: \_\_\_\_\_

Above name should be payor for employees listed below:

1	4
2	5
3	6

Or "See Attached List of names"

**CHOOSE WHICH PARTS & % for which you are willing to pay for members:**

0% --- 50% --- 100%. Remaining percentages to be assumed paid by member/employee.

<b>Registration -</b>  ONE TIME fee \$55 per member	<b>MEMBERSHIP</b> <b>SUBSCRIPTION</b> This is the major recurring fee	<b>Laboratory</b> <b>Listed under</b> "Miscellaneous" <b>on invoice</b>	<b>Prescriptions</b>  NOT AVAILABLE at this time	<b>Other Charges</b>  (ex supplies, etc)
%	%	%	XXXXXXXXXX%	%

## Discount PAYMENTS

<b>Membership</b>	<b>12 months 5.0%</b>	<b>6 months 2.5%</b>	<b>3months 1.0%</b>
Adult \$57.00/month	\$649.80	\$333.45	\$169.29
Child \$28.50/month	\$324.90	\$166.73	\$84.65
Family \$171.00+ (1) /month	\$1,949.40 + (1)	\$1,000.35+ (1)	\$507.87+ (1)

## COST for FULL 12 MONTHS

<b>Membership</b>	<b>12 months 5.0%</b>	<b>6 months 2.5%</b>	<b>3months 1.0%</b>
Adult \$684/yr	\$649.80	\$666.90	\$677.16
Child \$342/yr	\$324.90	\$333.46	\$338.60
Family \$2,052+ (1) /yr	\$1,949.40+ (1)	\$2,000.70+ (1)	\$2,031.48+ (1)

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(1) Family = 2 Adults + 2 - 4 legal children + \$11.00 per additional child per month

Please CHOOSE A METHOD OF PAYING:

## 1. **AUTOMATIC *BANK DEDUCTION*** (REQUIRES VERIFICATION from bank statement)

Name of bank: \_\_\_\_\_

Account holder name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

I authorize the direct bank deduction from my bank account to pay the Membership Fee:

\_\_\_\_\_ Every Month, \_\_\_\_\_ Every 3 months, \_\_\_\_\_ Every 6 months, \_\_\_\_\_ Every year

On the \_\_\_\_\_ 1<sup>st</sup>, \_\_\_\_\_ 5<sup>th</sup>, \_\_\_\_\_ 10<sup>th</sup>, \_\_\_\_\_ 15<sup>th</sup>, \_\_\_\_\_ 20<sup>th</sup>, \_\_\_\_\_ 25<sup>th</sup> of the month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 2. **AUTOMATIC *CREDIT CARD***

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVC: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Every Month, \_\_\_\_\_ Every 3 months, \_\_\_\_\_ Every 6 months, \_\_\_\_\_ Every year

On the \_\_\_\_\_ 1<sup>st</sup>, \_\_\_\_\_ 5<sup>th</sup>, \_\_\_\_\_ 10<sup>th</sup>, \_\_\_\_\_ 15<sup>th</sup>, \_\_\_\_\_ 20<sup>th</sup>, \_\_\_\_\_ 25<sup>th</sup> of the month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 3. **MANUALLY** pay each payment period of membership fee and any charges:

\_\_\_\_\_ Personal Check, \_\_\_\_\_ Manual Credit Card payment, \_\_\_\_\_ Cash

Every: \_\_\_\_\_ Month, \_\_\_\_\_ Every 3 months, \_\_\_\_\_ Every 6 months, \_\_\_\_\_ Every Year

Please send me a bill for the charges. Payment is due be BEFORE services period begins.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_