

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



**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.

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

## Discount PAYMENTS

Membership	12 months 5.0%	6 months 2.5%	3months 1.0%
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

Membership	12 months 5.0%	6 months 2.5%	3months 1.0%
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)

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

**(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 before services period begins.

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