



Medical Concierge[®]

Application for Medical Concierge Services

Corporate

Personal

Application Number (For Office Use Only)

Effective Date of Service (DD/MM/YY) / /

Individual – Silver Package

Individual plus Spouse – Gold Package

Individual plus Spouse and two Family Members – Platinum Package

MEDICAL CONCIERGE INC. RATES are subject to change without notice. These rates are for Medical Concierge Services only, and do not include coverage for or cost of medical products, medical treatment, medications, travel, accommodations, or travel insurance.

Name of applicant (last/ first) _____

Date of Birth (DD/MM/YY) / /

Company _____

Company Address _____

City _____ Province _____ Postal Code _____

Phone# _____ Email _____ Fax# _____

Home Address _____

City _____ Province _____ Postal Code _____

Phone# _____ Email _____ Fax # _____

Preferred Language _____ Spouse _____

Name _____ Date of Birth (DD/MM/YY) / /

Phone# _____ Address _____



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DEPENDANT ONE (PLATINUM PACKAGE)

Name _____ Date of Birth (DD/MM/YY) / /

DEPENDANT TWO (PLATINUM PACKAGE)

Name _____ Date of Birth (DD/MM/YY) / /

PAYMENT METHOD:

Cheque Money order Cash Visa MasterCard

Name as it appears on card _____

Card Number _____ Expiration Date (MM/YY) /

Signature _____ Date (DD/MM/YY) / /

BILLING INSTRUCTIONS

Corporate Bill to (Company Name) _____

Personal

TERMS OF MEMBERSHIP

By signing and returning this form, you acknowledge and agree that Medical Concierge Inc. and its employees, consultants and authorized distributors are not responsible or liable in any manner for, and will be held harmless by you from any and all claims, demands, losses or damages that may arise from, the actions or omissions of the doctors and other health care professional and related facilities provide treatments and other services to you as part of the plans, services and programs contemplated by Medical Concierge Applicants.

Signature _____ Date (DD/MM/YY) / /

CONTACT

The Medical Concierge Corporate Office can be reached Monday through Friday, 9:00 a.m. to 5:00 p.m., Mountain Standard Time.

For general inquiries, or to reach any member of Medical Concierge staff:
Phone: 403-452-5640, Fax: 403-454-2873, E-mail: info@medicalconcierge.ca

Mailing address: 246 Stewart Green SW, Suite 2458, Calgary, AB T3H 3C8