Employee ID Number ___

Subscriber Information (Note: VEIOVIS DIRE	CT IS NOT AN INSURANCE PLA	AN OR INSURANCE POLICY)	
Patient Name (Last, Fir	st, Middle)		Date of Birth
Mailing Address	Stat	zip C	Code
Home Telephone Number	Work Telephone Number	Mobile Nu	mber
Employer	Occupation	Email	
How did you hear about Veiovis Direct?			
Please list all the member(s) you wish to s	ubscribe under the Veio	vis Direct Subscription Pr	ogram (including yourself):
(Note: VEIOVIS DIRECT IS NOT AN INSURANCE PLAN OF	R INSURANCE POLICY)	•	
LAST NAME	FIRST NAME	M.I. RELATION	SEX D.O.B. VEIOVIS USE ONL
Subscription Price: Please check pref	erred payment option for eac	ch member. Choose between 1:	2 monthly installments or one year payment in full.
	VEIOVIS DIRECT		
☐ Individual:		/lember & Spouse)	
(0-19 yrs)		month \$1,026 .00/year	\$115.00/month \$1,242.00/year (Couple + up to two children 21 yrs or under)
(20-59 yrs) \bigcirc \$60.00/month \bigcirc \$648.00 (60 yrs +) \bigcirc \$75.00/month \bigcirc \$810.00	-		○ \$25.00/month ○ \$270 ^{.00} /year
	IOVIS DIRECT URGE	INT CARE (VIDUO)	(Each Additional Child 21 yrs or under)
☐ Individual:		Member & Spouse)	│
(0-19 yrs)	I	/month () \$1,188 ^{.00} /year	○ \$130.00/month ○ \$1,404 ^{.00} /year
(20-59 yrs) \bigcirc \$70.00/month \bigcirc \$756.00 (60 yrs +) \bigcirc \$85.00/month \bigcirc \$918.00	-		(Couple + up to two children 21 yrs or under) \$25.00/month \$270.00/year
(60 yrs +) \$85 ^{.00} /month \$918 ^{.0}	7year		(Each Additional Child 21 yrs or under)
	VEIOVIS DIRECT	Rx (VDRx)	
☐ Individual: (0-19 vrs) ○ \$55.00/month ○ \$594.00		/lember & Spouse) /month	Family:
(0-19 yrs) ○ \$55 ^{.00} /month ○ \$594 ^{.0} (20-59 yrs) ○ \$70 ^{.00} /month ○ \$756 ^{.0}	-	7111011tt1	\$130.00/month \$1,404.00/year (Couple + up to two children 21 yrs or under)
(60 yrs +) (385.00/month (3918.00)	⁰ /year		(Each Additional Child 21 yrs or under)
	VEIOVIS DIRECT	ELITE (VDE)	
☐ Individual:		/lember & Spouse)	Family:
(0-19 yrs) \bigcirc \$60°°/month \bigcirc \$648° (20-59 yrs) \bigcirc \$75°°/month \bigcirc \$810°	-	/month	O \$135.00/month O \$1,458.00/year (Couple + up to two children 21 yrs or under)
(60 yrs +) ○ \$90.00/month ○ \$972.00	-		(Each Additional Child 21 yrs or under)
*A parent/legal guardian is not required to be enrolled in a	Veiovis Direct Subscription Prog	gram to register an individual(s). 10%	
X			
Applicant/Parent or Legal Guardian's Signature		Date	
Payment Method (Select method of p ☐ Cash ☐		ok D Chaoking	Account D Soutings Account
If Cash is selected the entire year's membership fee	e must be paid in full.	· ·	_
(Attach voided copy of deposit slip or che			
Financial Institution			
Bank Routing Number Account Number			
Credit/Debit Card (Please indicate of		_	Mastercard □ VISA
Name on Card:		•	Mastercard TVIOA
Credit Card #:		_ Exp. Date:	CCU Code:
I hereby authorize, Veiovis, L.L.C. to initiate debit entries on in full for the entire year's subscription to the Checking, Sa to such account on the 30th day of the month			
Name: (Responsible for Billing)		X	
Dill.	(Last, First, Middle)		Signature
	(Include City and Zip Code)	Drogram (loogted on the manner of the	Date Date
Terms and Conditions I acknowledge the Terms and		- rogram pocated on the reverse side	·
Print	Sign		Date

_ (For Veiovis Use Only)

Terms and Conditions

VEIOVIS **DIRECT** (the "Program") is a voluntary subscription program giving patients convenient and affordable access to the FHP Health Center in Guam and Saipan for comprehensive primary and preventive care services. For a low age-based monthly fee, Veiovis Direct is open to everyone, regardless of insurance status or pre-existing conditions. It is not an insurance plan or insurance policy.

- The Program is available to residents of Guam and Saipan and its family members who live in the resident's household.
- The Program requires a minimum subscription period of one year.
- Access under the Program become available upon receipt and acceptance of the Subscriber Form and payment.
- A spouse or partner and dependent that is not a subscriber may apply at any time during the year but the subscription for the family shall be extended for a minimum subscription period of one year after such membership or for a one-time equivalent payment for the full 12-month period.
- The monthly or annual fee does only covers the cost of primary health care services including wellness screenings, vaccinations, physicals, laboratories, respiratory conditions, head, ear and eye conditions, skin, hair and nail conditions, digestive and urinary conditions and other/services or procedures including ear wax removal, wart or splinter removal, foreign body removal on the ear or eye, nebulizer treatment (short-term) and simple wound repair. Medical conditions resulting from chronic or serious illness are referred to another setting which may require you to pay out-of-pocket services.
- The fee for the Program is non-refundable and non-transferable.
- The Program provides access to the FHP Health Center in Guam for the following Direct Primary Care Services including wellness screenings, vaccinations, physicals, laboratories, respiratory conditions, head, ear and eye conditions, skin, hair and nail conditions, digestive and urinary conditions and other/services or procedures including ear wax removal, wart or splinter removal, foreign body removal on the ear or eye, nebulizer treatment (short-term) and simple wound repair.
- A subscription will be canceled after thirty (30) days of non-payment.
- If you do not renew your subscription within 30 days of the expiration date, we will send you a renewal notice with the option to renew.
- The Program will have a link on their website with program information and an on-line subscription and payment form.
- The Program reserves the right to change the content of its Program terms and conditions, at any time, without prior written notice, to current subscribers in accordance with applicable law and regulations.
- You will be assessed a payment rejection fee in the event your bank account or credit card rejects or dishonors a monthly
 or annual fee payment request or the Program receives a check returned for insufficient funds. In this event unless
 alternative payment arrangements are made with the Program within thirty (30) days to bring all arrears current, the
 subscription agreement will be terminated.

