



Services recommended & marketed by:
Revenue Objective Intl, LLC & Tele-Well Advisory

Set Up Form & Agreement

- 1. Plan Sponsor Name: Requested Effective Date:
2. Nature of Business: Tax ID #: # of Eligible Members:
3. State where Plan Sponsor's headquarters is located: Are there any other states where offices or Members are located?
4. Plan Sponsor Contact Name: Mr. / Ms. Title:
5. Mailing Address, City, St, Zip:
6. Remittance: Check (check invoice type on item # 7) Credit Card / Debit Card (reoccurring billing)
7. Invoice Type: 1 Invoice/Single Location 1 Invoice/Multiple Locations
8. Plan Sponsor Contribution: Yes If yes, how much? No
9. Members must work hours per month to be considered eligible.
10. Fulfillment goes to: Member Plan Sponsor Producer Other:
11. Plan & Rates: No Consult Fees Consult Fees: \$35.00 Other: Monthly PMPM Charge:

PAYMENT INFORMATION

- 1. 1st month payment from Plan Sponsor payable to: AmeriDoc, LLC Check No. Amount of Check: \$
2. Credit/Debit Card: Name on Card: CC#: Exp Date: CVV:
3. ACH/Bank Draft: Name on Acct: Bank Name: Rte #: Acct #:

AGREEMENT TERMS & CONDITIONS / SIGNATURES

- 1. This agreement shall be from, and can be terminated by either party by providing 30 days written notice to the other party.
2. All necessary administrative information concerning the Members and their dependents (if applicable), shall be furnished timely to AmeriDoc by Plan Sponsor in the form of a paper application or via an electronic file format that is acceptable to AmeriDoc.
3. Plan Sponsor will report timely any additions and terminations of participating Members to AmeriDoc so that the billing and services provided can be adjusted accordingly.
4. Unless otherwise agreed to; Plan Sponsor must pay AmeriDoc the applicable monthly service fees on or before the 21st of each month (no later than the 30th) for services to be continued for the following month. Failure to pay said fees timely may result in discontinuation of services.
5. All services will be provided in accordance with the plan that has been selected by the Plan Sponsor, as well as subject to the Terms of Use, HIPAA Statement, Privacy Notices, and any other notices that may be provided to the Plan Sponsor or its Members or that are posted on the AmeriDoc web site. The terms and conditions may be changed at the discretion AmeriDoc.
AmeriDoc is not health insurance or intended to replace health insurance.

Plan Sponsor:

AmeriDoc

Date Agreed:

Date Accepted & Agreed:

Authorized Signature

Signature: David Lindsey - President & CEO

Printed Name

Title

Revenue Objectives Intl, LLC & Tele-Well Advisory Producer (Please Print)

SUBMIT ALL NEW CASE DOCS TO:

AmeriDoc
Attn: Revenue Objectives Intl., LLC
Office: 800.330.7846 Fax: 877.205.6438
Email: Contact\_Us@RevenueObjectivesIntl.com

INTERNAL USE ONLY

Date docs received:
Docs received by:
Group # assigned:
Total # enrolled: