



New Group Set Up Form

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

1. Group Name: _____ Requested Effective Date: _____

2. Nature of Business: _____ Tax ID #: _____ # of Eligible Members: _____

3. Group Contact Name: Mr. / Ms. _____ Title: _____

4. Mailing Address, City, St, Zip: _____

Phone #: _____ Fax #: _____ Email address: _____

* Billing Address (if different than mailing address): _____

* Contact Name (if different than group contact): _____ Phone #: _____ Email: _____

5. Invoice Type: 1 Invoice/Single Location 1 Invoice/Multiple Locations (attach location list)

6. Receive Invoice Via: Mail Email

7. Group Contribution: No Yes If yes, how much? _____

8. Fulfillment goes to: Participant Group Producer Other: _____

9. Plan design: No Consult Fees Consult Fee: \$35.00 Other: _____

10. Rates: PMPM Rates: \$ _____

11. Producer Name: Revenue Objective Intl, LLC & Tele-Well Advisory

Agent Name: _____ Phone #: _____ Email: _____

Comments:

SUBMIT ALL NEW CASE DOCS TO:

AmeriDoc
Attn: Revenue Objectives Int'l., LLC
Office: 800.330.7846
Secure Fax: 877.205.6438
Email: Contact_Us@RevenueObjectivesIntl.com