

# Medi-Share

Date \_\_\_\_\_ Medi-Share AHP \_\_\_\_\_

Primary Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Any tobacco use in the last 12 months? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Credit Card (Visa, Mastercard, Discover)

Card Number \_\_\_\_\_

Ex Date \_\_\_\_\_

Security Code \_\_\_\_\_

1. I agree to the Medi-Share Guidelines. **YES NO**
2. I understand that Medi-Share is not insurance and that Christian Care Ministry does not guarantee payment of any medical bills. **YES NO**
3. I understand that no other Medi-Share member, nor CCM, has any legal obligation to contribute to the payment of my medical bills. **YES NO**