ENROLLMENT FORM FOR *DirectCareMD*

Enrollee Name_____
Last First
Birth date_____ **Gender M F Telephone**_____
(M-D-Y)
Mailing Address_____
Street City Zip

All information on this form is confidential.

Are you enrolling for
Office Visits only_____**($40 per month)**
Office Visits and Basic Lab Work_____**($50 per month)**

1. *To be eligible for this benefit you must be one of the following (check the one applying to you:*
   a) *a business or individual TC Pro-Net member*
   b) *a child (19 years old or younger) of a TC Pro-Net business or individual member:* _____*(provide TC Pro-Net member's name)*
   c) *an employee of a business member:* _____*(Business name)*

An enrollment form must be completed and submitted for each person who wishes to enroll (whether a member, a child, an employer or an employee).

Only a TC Pro-Net business or individual member may rescind *this enrollment (or re-enroll) - by sending an e-mail to* **info@tcpronet.org** **by the 5th of the month *before medical services are to be provided.***

Thurston County Progressive Network (TC Pro-Net) is not an agent of DirectCareMD and makes no representations regarding the services provided by DirectCareMD. The decision to enroll is yours alone. TC Pro-Net is not responsible in any way for the services provided by DirectCareMD. Your signature below releases TC Pro-Net from any form of liability associated with your use of DirectCareMD.

Signature_____**Date**_____
(M-D-Y)

MAIL ENROLLMENT FORM(S) WITH PAYMENT AUTHORIZATION FORM TO TCPRONETDIRECTCARE, BOX 2566, OLYMPIA, WA 98507-2566.

Call Sherri at 352-8225 if you have questions about medical services.