Member Enrollment Form

A Discount Plan Dedicated for Your Healthcare Solutions

Effective Date:	
New ☐	Reenrollment ☐

Plan Selection

Core	☐	Single	☐
CorePlus	☐	Family	☐
		Single	☐
Complete	☐	Couple	☐
BMP Plus	☐	Family	☐

Applicant Information

First Name	MI	Last Name	Date of Birth

Address	City	State	Zip Code

Telephone	Email

Legal Dependents

First Name	MI	Last Name	Date of Birth	Gender	Relationship

Disclosure

Best Medical Plan, Inc. is a licensed Discount Plan Organization and is administrated at 2460 SW 137 Ave Ste 243.MIami, FL 33175. Best Medical Plan, Inc. is NOT and insurance but is licensed and regulated by the Florida Department of Insurance Regulation. Best Medical Plan, Inc. is NOT intented to replace insurance. Best Medical Plan, Inc. provides discounted and fixed pricing at all contracted Provider locations. Best Medical Plan, Inc. does not pay the contracted in-network Providers directly for any services rendered. Best Medical Plan, Inc. members pay directly the in-network contracted Provider for the services that are rendered by the in-network contracted Provider. Best Medical Plan, Inc. and its administrators assume no liability for providing or guaranteeing service or responsability for the quality of medical care for any services rendered.

Applicant's Initials: **x** _____

Sales Representative Name: _____ BMP SRN: _____ Sales Rep. Signature:_____

Account Holder Signature: _____ Date: _____