



PHYSICIAN AGREEMENT

MEDISAVER MEDICAL DISCOUNT CARD

(305) 884-8740 | www.mymedisavercard.com | 5901 NW 151st St Miami Lakes, FL 33014 | medisaver1@gmail.com

This Agreement is between _____ (physician/clinic name), hereinafter referred to as the "Participating Provider," and MediSaver Medical Discount Card, hereinafter referred to as the "Discount Plan."



PROVIDER INFORMATION

Physician/Clinic Name:		
Address:		
Phone:		
Email:		
Field of Medicine / Specialty:		
Discount Percentage:		%
Additional Information:		



AGREEMENT TERMS

- This is an agreement between the MediSaver medical discount card and the physician/medical center. Participating Providers agree to offer active MediSaver members a predetermined discount on medical consultations, procedures, and services. Members with an active MediSaver membership will receive services at the discounted rate. Payment for services is the responsibility of the member and is paid directly to the provider at the time of service. It is the member's responsibility to pay in full (with discount) at the time of service. Any patient with an expired membership will be billed at the regular office rate. The only payment received by MediSaver is the annual membership fee.
- MediSaver does not charge Participating Providers or physicians any fee to join. We simply ask that you honor the negotiated discount for our members.
- This agreement is valid for one (1) year unless extended in writing by both parties. After one year, either party may choose to continue or discontinue the agreement.
- Any legal claims due to negligence or misconduct are strictly between the provider and the patient. MediSaver and its associated providers are independent businesses.
- By signing this agreement, the provider affirms they are licensed to practice medicine in the United States and hold all required qualifications.
- Members with expired cards must be referred to MediSaver for membership renewal at least one (1) year from the date the agreement was made.
- I agree to all negotiated discount rates between myself and the MediSaver medical discount card.
- Participating Providers may not offer alternative membership plans or fee-for-discount arrangements. To offer discounts in exchange for a membership fee, a clinic must have the proper license in the state of Florida.

AUTHORIZATION

DATE

Provider Name (Print)

Provider Signature



Quality Healthcare.
More Accessible. Together.



Thank you for partnering with MediSaver and helping make healthcare more affordable!



ADDITIONAL INFORMATION

ABOUT MEDISAVER



COMMITTED TO TRANSPARENCY.

Here's what you need to know about **Medisaver**.

The Medisaver Medical Discount Plan is fully authorized by the Florida Department of Insurance (DMPO) and complies with all applicable regulations.

We will provide all the information below to our members so they can make informed decisions. Medisaver recruits licensed physicians across all fields of medicine to ensure a wide network of providers in our offices. We also support all affiliated clinics with MediSaver through our advertising. Please note that all Medisaver members will receive a list of participating physicians and clinics, including their specialty, address, and phone number. We encourage members to contact providers directly to schedule appointments at times that are most convenient for them.

Additionally, we will provide members with a price list that includes all prices and discounts, so they know exactly how much they will pay for each procedure. We also send a detailed price list with this agreement, outlining our general prices for consultations, as well as the prices we currently offer to our members for laboratory work and other procedures that may be related to your office. The prices we provide to our members must be lower than the regular rates currently offered to individuals without any type of coverage. In general, discounts range from 10% to 75%, depending on the service.



AGREEMENT & AUTHORIZATION

BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS AS AN AFFILIATED MEDICAL PROVIDER.

AGREED AS OF: _____

PHYSICIAN / CLINIC

Name: _____

Signature: _____

Printed Name: _____

Date: _____

Stamp: _____

MEDISAVER REPRESENTATIVE

Name: _____

Signature: _____

Printed Name: _____

Date: _____

Stamp: _____



ADDITIONAL INFORMATION



DISCOUNT PERCENTAGE FOR MEDISAVER MEMBERS

(PLEASE ATTACH YOUR PRICE LIST AS AGREED)



TRANSPARENT PRICING.
BETTER CARE. TOGETHER.



MORE ACCESS.
MORE CHOICES. MORE CARE.



THANK YOU FOR PARTNERING
WITH MEDISAVER.