

The enrolling Unit/Employer named below agrees to engage in ancillary group services to be issued in accordance with the specification of this agreement.

**EMPLOYER/UNIT GROUP INFORMATION**

Legal Name of Enrolling Unit/Employer			
Address	City	State	Zip Code
Telephone	Fax		
Mailing address (if different from above)	City	State	Zip Code
Entity Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> Trustee <input type="checkbox"/> Other			

**CONTACT INFORMATION**

<b>Group Contact (Administrator)</b> Name _____ Title _____ Phone _____ Fax _____ Email _____	<b>Billing Contact</b> Name _____ Title _____ Phone _____ Fax _____ Email _____
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**BENEFIT DESCRIPTION AND PRICING**

Effective Date: _____	Est number of members: _____
<b>Telemedicine</b> <input type="checkbox"/> <b>Preferred Rx</b> <input type="checkbox"/> <b>Behavioral and Counseling</b> <input type="checkbox"/>	Special Note: _____ _____ _____

<b>Total service pricing</b>	\$ _____	<b>PEPM total service agreement</b>
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**AGREEMENT AND SIGNATURE**

The enrolling unit/employer (Group) hereby agrees and understands that services provided by BasiCare Plus (BCP) are based on the information provided in this agreement which enrolling Group represents is true and accurate. BCP will bill Group for all members enrolled/active on the first of the month each month. All terminations for the month ahead must be received by the last day of the month leading up to the month of billing. All services are paid one month at a time without partial credit for mid-month termination. Adding late members can be done at anytime but a full month service is charged at the point of addition unless specifically note in Special Notes above. Group agrees to pay monthly fees by the 20th of the month in which the fees are due. Group may cancel services at anytime but must do so in writing (email) or in writing to BasiCare Plus PO Box 1591 Wooster OH 44691 thirty (30) days in advance.

\_\_\_\_\_  
Print \_\_\_\_\_  
Title

\_\_\_\_\_  
Sign

Office Use Only

\_\_\_\_\_  
Date

Rev. 10/14/2021