

**Jefferson Independence Card**  
**Patient Participation Agreement and Acknowledgement**

The Jefferson Independence Card is open to any individual (“Participant”) under the following circumstances:

1. Participant has no health care insurance or other form of third party payment.
2. Participant has health care insurance but the Participant’s physician (or other provider of care) is “out of network” or does not have a contract with the participant’s healthcare insurance.

Additionally, any participant must agree to the following:

1. Participant agrees to pay for all services in full at the time such services are provided.
2. Participant agrees to inform the physician (or other provider’s) office staff of participation in the Jefferson Independence Card program upon check-in and before services are provided by presenting Participant’s Jefferson Independence Card.

There is absolutely no cost or fee associated with obtaining or utilizing the Jefferson Independence Card. The Jefferson Independence Card is not insurance and has no benefit to the Participant other than the rendering of a discount in exchange for immediate payment to the Physician or (other provider of care).

Physician (or other provider of care) has no obligation to the Participant other than those usual to the patient-physician relationship. There is no obligation to provide care or arrange for care that is not within the physician’s scope of service. Participation in the Jefferson Independence Card is not an entitlement to care nor is any physician or other provider of care obligated to provide any service of any kind.

Participant’s acceptance (printing of the participation card) hereby acknowledges that the Jefferson Independence Card has been obtained at no charge, fee, cost, or other consideration to the Participant, and entitles the Participant only to a discount from the physician’s (or other provider’s) usual and customary billed charges, if and only if payment is made at the time services are provided. There are no other rights, privileges, obligations or duties on the part of the Participant, the physician (or other providers of care), or on the part of Jefferson Physician Group, P.A., its officers, employees or members relevant to this agreement.

***When the registration is completed, an “acknowledgement box” will appear and must be affirmed in order to complete and print the card.***

<p><b><i>Jefferson Independence Card</i></b></p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: center;">_____</p> <p>Date of Birth: _____</p>
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