



"The Association for Rural Americans"

Heartland Alliance of America is an Association – Not Insurance

Membership Application

Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
 Date of Birth _____
 Phone Number _____
 Request Effective Date _____ Billing Date _____
 Referred by: _____

OTHER PERSONS IN HEARTLAND HOUSEHOLD COVERED BY PROGRAM PORTFOLIO

First Name	M.I.	Last Name	Date of Birth	Relationship

Heartland Dues **\$60** per family per month.

Heartland programs and dues may be adjusted at the sole discretion of Heartland Alliance Association

Heartland Alliance Hospital & Physician Provider Network Member Terms and

1. Member understands that Heartland Alliance of America is not an insurance plan or program. No payments to medical providers or members will be made by Heartland Alliance of America.
2. Heartland Alliance provides savings to its members on healthcare services through a number of medical provider networks. In order to access the network's negotiated rates Heartland members or member's dependents must pay the medical providers promptly. Payments on all medical bills are due and payable at the time of service. If the patient has overpaid a medical provider, Heartland Alliance Association will be happy to assist the member to the best of its ability to help collect any such amount from the appropriate parties.
3. The member understands that the use of the program for cosmetic surgery is extremely limited and can only be utilized by members when pre-certification has been authorized and a referral number has been issued to the patient.
4. Neither Heartland Alliance nor any of its affiliates, nor any provider network accessed shall be liable for any payment to a provider accessed under the Heartland program, or any refusal of participating providers to accept the network rates offered under this program. Heartland, its affiliates or any network accessed is not an insurer, guarantor or underwriter of the responsibility or liability of Member for Member's or Member's dependent's medical care or any other goods or services provided to Member or Member's dependents.
5. Members must call Heartland provider referral toll-free number located conveniently on your ID card for current provider information. Remember – **always present your ID card at the time of service.**
6. Participating Medical Providers are independent contractors, and Heartland Alliance of America and its affiliates and its contracted provider networks are not responsible for the health care provided or the omission of the provision of health care by any provider. Heartland Alliance does not practice medicine or in any manner interfere with or participate in the provider-patient relationship. All health care decisions are between the patient and a provider. The selection of a provider is the obligation and decision of the patient and is not based upon the credentialing or any recommendation by Heartland Alliance, its affiliates or its contracted networks.

Cancellation / Refund Policy - Membership dues totally refundable within 30 days of receipt of the membership portfolio.

I understand that a portion of my membership dues are used for membership marketing, advertising and promotion of the Heartland Association.

 Applicant's Signature as Named Above

 Date

I understand that my membership portfolio does **NOT** include Hospital Preferred Provider Network savings programs.

 Applicant's Signature as Named Above

 Date

 Heartland Representative Signature

 Date

