

# Link Healthcare - Link Plus

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## INDIVIDUAL APPLICATION

### Introduction

Link Plus is a program designed as an add-on to your existing fully insured or self funded health plan. The program will provide you with a set of discounts that may reduce the deductibles and/or co-pays on your current plan. Link Plus can be used with any approved health plan/payor or carrier willing to approve the introduction and use of the discount program. There is no alteration of carrier functions or change to the basic provider/network/payor relationship.

The individual must purchase access to the program and pay an access fee based on the number of members covered under the program. The provider must agree to a set of specified discounts. The health plan must approve the use of the discounts.

The discounts available through the program will be reconciled at the time of final billing. Using Link Plus at approved providers will reduce out-of-pocket expenses (deductibles and co-insurance) normally associated with a health plan. We are all looking for opportunities to reduce our monthly premium amount. Increasing the deductible and out-of-pocket levels in your health plan is the most direct and effective way of accomplishing this goal. Monthly premiums will drop with this method; however, out-of-pocket expenses will increase. The Link Plus program can provide assistance in reducing those additional out-of-pocket expenses.

### Application

The information requested in this application is solely for the purpose of administering the Link Plus discount program. The information will only be used in support of this program and will not be shared with any other parties for any other purposes. The information must be filled out completely and accurately. This application also describes the terms of service and represents your agreement to abide by those terms.

We provide full time customer support for the Link Plus discount program. For issues associated with this application or any other aspect of the Link Plus discount program please contact us at 570.723.0710.

### Instructions

1. Read the instructions carefully.
2. Complete the application in its entirety. Please call us if you need assistance.
3. Mail the completed application with other enclosures to the address provided to the right.

**Link Healthcare**  
114 East Ave.  
Wellsboro, PA 16901  
570.723.0710

### Web Site Listing

Member Information will be collected through the Link Plus application process. Information from the application will be posted on the website for purposes of providing benefit information and verifying eligibility. The information will only be viewed by the provider office and Link Healthcare staff.

**MY SIGNATURE INDICATES THE APPLICATION IS ACCURATE AND MY AGREEMENT WITH THE TERMS OF SERVICE**

***Your name and signature must be provided.***

Signature

Name Printed

Date

## INDIVIDUAL APPLICATION

## Terms of Service

These Terms of Service ("Terms") disclose the general terms for use of the Link Healthcare services. We have developed these Terms of Service to govern your use of the Link Plus product and other services (the "Service"). The Service was developed and is managed by Link Healthcare, and we, our parent Link Healthcare, along with our affiliates, and partners provide services to you subject to the following conditions. These Terms are a binding contract between you and us regarding your use of our services. If you use the Services, you agree to be bound by these Terms:

1. **Access Fees and Billing.**

- A At the end of the initial term, this Agreement shall automatically renew for one (1) year periods
- B Individual agrees to pay Link Healthcare the Access Fee in such amounts, at such times, and in such manner as set forth in this Agreement and the following terms:
- Set Up Fees are payable upon acceptance of this Agreement.
  - The Access Fee is based on the number of Covered Individuals on the effective date services are provided under this Agreement.
  - The number of covered individuals multiplied times the monthly Access Fee will constitute the total amount due to Link Healthcare from Participating Individual for a given month.
  - The amount will stay in effect for 12 months, regardless of changes in the total number of Covered Individuals during the 12 month period.
  - The Access Fee will be invoiced every three months and paid three months in advance.
- C The total number of Covered Individuals for purposes of the computation of the Access Fee is based on Evidence of Coverage provided to Link Healthcare by the Participating Individual prior to the implementation of the Service. It is at the discretion of Link Healthcare to determine what constitutes adequate Evidence of Coverage and whether to accept the Evidence of Coverage as provided.

2. **Copyright.**

- A All of the information, content, services and software displayed on, transmitted through, or used in connection with Link Healthcare is owned by us, our parent corporation or its affiliated companies, licensors and suppliers. You may not use such material except as provided in these Terms.
- B You may use content we provide online and through other media ("Content") and solely for your personal, non-commercial use, and you may download or print a single copy of any portion of the Content for your personal, non-commercial use, provided you do not remove any trademark, copyright or other notice contained in such Content. No other use is permitted without our written consent.

3. **General Disclaimer And Limitation Of Liability.**

- A While we use reasonable efforts to include accurate and up-to-date information through the Service, we make no warranties or representations as to the accuracy of the Content and assume no liability or responsibility for any error or omission in the Content. We do not represent or warrant that use of any Content, when authorized, will not infringe the rights of third parties. In addition, in some cases, Content available through the Service may be provided and/or hosted by third parties. We have not reviewed all of this Content and are not responsible for the content of any off-site pages or links to or from any other web sites. We have no responsibility for actions of third parties.
- B You expressly understand and agree that use of the Service is at your own risk. All content available through the Service is provided on an "as is" and "as available" basis. Neither we, nor our parent corporation, its affiliated or related companies, or any of our or their shareholders, employees, agents, content providers or licensors (collectively, the "Parties"), make any representation or warranty of any kind regarding the Service, the content, downloads available at our web site, any advertising material displayed on our web site, or the results that may be obtained from use of such services or sites, including but not limited to that the Service will meet your requirements, be uninterrupted, timely, secure or error free, or that our web site or the server that makes it available are free of viruses or other harmful components or destructive files.
- C We specifically disclaim any and all express or implied warranties regarding the Service or any content or products provided through or in connection with the Service, including without limitation warranties of merchantability or fitness for a particular purpose, warranties against infringement, and warranties as to the availability, accuracy, completeness or content of any information, downloads, products or services available on or through the Service.
- D In no event shall Parties be liable for: (i) any indirect, consequential, special, incidental or punitive damages including, without limitation, damages related to unauthorized access to or alteration of your transmissions or data, the content or any errors or omissions in the content, even if advised of the possibility of such damages.
- E Link Healthcare shall not be liable for:
- The failure of Participating Providers to provide the benefits described in the Service Materials;
  - The quality of care provided by such providers;
  - The inability of Participating Individuals to understand the Service or how to use the Service;
  - Acts or omissions of Participating Individual or Participating Individuals;
  - Acts or omissions of marketing producers (agents) of the Service;
  - Acts or omissions of Health Benefit Plans; or
  - Changes in the Service arising from changes in federal or state statutes, regulations or other administrative requirements.
- F Should any dispute arise regarding the performance of or interpretation of this Agreement or any of its terms, the parties shall first submit the dispute to voluntary mediation pursuant to the dispute resolution rules of the state in which Link Healthcare is based. Any issues that remain in dispute following the conclusion of the mediation process shall be submitted to binding arbitration under the Arbitration Rules of the state in which Link Healthcare is based and using the National Health Lawyers Association Alternative Dispute Resolution Services.

4. **Miscellaneous.**

- A We reserve the right to change these terms of service at any time in our discretion and to notify users of any such changes solely by changing these terms of service. Your continued use of the Service after the posting of any amended terms of service shall constitute your agreement to be bound by any such changes. Please note that your use of the Service prior to the time these terms of service was posted will be governed according to the terms of service that applied at the time of your use, if any.
- B We may modify, suspend, discontinue or restrict the use of any portion of the Service, including the availability of any portion of the content at any time, without notice or liability, terminate any registration and/or membership and/or deny access to any person or user at any time for any reason.
- C These terms of service will be governed by and construed in accordance with the laws of the state of Pennsylvania, without regard to its conflicts of law provisions. You hereby agree that any cause of action you may have with respect to the Service must be filed in a federal or state court located in Wellsboro, Pennsylvania, within two (2) months of the time in which the events giving rise to such claim began, or you agree to waive such claim.
- D If for any reason any provision of this agreement is found unenforceable, that provision shall be enforced to the maximum extent permissible so as to effect the intent of the parties as reflected in that provision, and the remainder of the agreement shall continue in full force and effect. Any failure of ours to enforce or exercise any provision of this agreement or related right shall not constitute a waiver of that right or provision.
- E Nothing herein shall be construed to prevent Participating Providers from seeking recourse against and payment from Beneficiary in the event that Participating Individual or, if applicable, its Third Party Administrator and/or Health Benefit Plan fail to make payments to Participating Providers for services rendered to Beneficiaries under Health Benefit Plan.
- F Employers and individuals must meet eligibility guidelines to participate in the program. These may be modified at any time, at the discretion of the Link Plus program. It is at our sole discretion to accept or reject employers or individuals for this program based on our assessment of their compliance with our eligibility requirements.

5. **Term and Termination.**

- A This Agreement shall remain in force and effect for an initial twelve (12) month term and commencing on the effective date, as set forth on the first page of this Agreement.
- B At the end of the initial term, this Agreement shall automatically renew for one (1) year periods thereafter unless terminated as provided herein.
- C In the event either party shall, with or without cause, at any time give to the other party at least ninety (90) days advance written notice, this Agreement shall terminate on the future date specified in such notice.
- D If Participating Providers that are fundamental to the needs of the Participating Individual discontinue their support of this Service, Link Healthcare may terminate the Participating Individual's access to the Service immediately.
- E Additionally, Link Healthcare may immediately terminate this Agreement as a result of Participating Individual's changes to its Health Benefit Plan or changes to the manner in which it supports Service, or for other good cause that materially affects Link Healthcare's obligations under this Agreement.
- F In the event that there shall be a change in the federal or state statutes, regulations, or general instructions, or in the application thereof, the adoption of new legislation, or a change in any other third party Employer reimbursement system, any of which materially affects the reimbursement Participating Providers may receive for their respective services furnished to Beneficiaries or the ability of Participating Providers to participate in the Service, either party may terminate this Agreement by thirty (30) days written notice to the other on any future date specified in such notice.
- G Upon termination of this Agreement, neither party shall have any further obligation hereunder, except that termination of this Agreement shall not affect the rights and obligations of the parties hereto arising out of transactions occurring prior to termination and obligations, promises and covenants expressly made to extend beyond the term of this Agreement, including without limitation confidentiality of information, indemnities, and releases.

# INDIVIDUAL APPLICATION

## PRIMARY MEMBER

## INVOICE INFORMATION

## MISC. INFORMATION

Name

Address 1

Address 2

City                      St      Zip  
           

Phone Number                      Ext.  
                     

Fax Number

Email

Birthdate

Name

Address 1

Address 2

City                      St      Zip  
           

Phone Number                      Ext.  
                     

Fax Number

Email

Health Plan Name

Health Plan Group Number(s)

PPO Network Name(s)

Health Plan Description

## ADDITIONAL MEMBERS

## ADDITIONAL MEMBERS

## INTERNAL USE

Name

Birthdate     

Relationship     

Name

Birthdate     

Relationship     

Eligibility Approved       Yes       No

Discount Model     

Effective Date     

Access Fee Begins     

Set Up Fee     

Monthly Access Fee     

Name

Birthdate     

Relationship     

Name

Birthdate     

Relationship     

Name

Birthdate     

Relationship     

Name

Birthdate     

Relationship     

NOTICE: Invoicing is quarterly, paid in advance.

Other Comments or Instructions