



## TeleHealth Agreement for List Billing

### ENTITY INFORMATION

Company \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

FEIN/Tax ID \_\_\_\_\_

Membership Effective Date \_\_\_\_\_

Number of Eligible Members \_\_\_\_\_

Membership Kits Sent To Employee(s) \_\_\_\_\_

Payment Process Employer Paid \_\_\_\_\_

### BILLING CONTACT

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### ELIGIBILITY CONTACT

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### MEMBER CONTACT (Questions/Cancellations)

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Planning and Service Company, LLC (IPSCO) will email a list bill to the employer on or about the 20<sup>th</sup> of each month. Any changes (additions or cancellations) need to be reported to IPSCO before the 1<sup>st</sup> of the month. The payment of the adjusted invoice will be deducted from your checking account on the 2<sup>nd</sup> working day of each month. Employer will not pay for any employee cancelled before the last business day of each month. Conversely, a credit will not be allowed for any reason if the employee is not cancelled before the last business day of each month.

### PAYMENT INFORMATION

I choose to pay by electronic draft.

Account Holder: \_\_\_\_\_ Type:  Checking  Savings

Name of Bank (Include City & State): \_\_\_\_\_

ABA Routing Number (#s at Bottom of Check): \_\_\_\_\_

Account Number: \_\_\_\_\_

### CONFIRMATION

I authorize Insurance Planning and Service Company, LLC (IPSCO) to initiate debit entries electronically to my account indicated above and I authorize the depository institution named above to debit same to such account. This authorization remains effective and in full force until IPSCO has received notification from me of its termination in such time and in such manner to afford IPSCO and the depository/institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

Return completed documents to:  
IPSCO | 6505 Lee Highway | Chattanooga, TN 37421  
P: 800.347.1109 | F: 866.791.2806 | E: IPSCO@assoc-admin.com

POWERED BY:  
**MDLIVE**