



This agreement is made by and between employee \_\_\_\_\_  
(hereinafter referred to as "employee "), Medcor, a physician, a third party provider of medical services for the City of Salem Health Hub.

The employee hereby understands that fees will be charged accordingly per the medical plan selection for each visit for Health Hub services for the employee and their eligible dependents.

Please indicate your current medical plan selection:

- PPO \$0
- Kaiser \$0
- HDHP \$75.00
- Opt Out \$75.00

The employee agrees to allow a one-time deduction in the amount of \$75.00 for any no show appointment which is not caused by the business needs of the City of Salem or which appointment time is not taken by another.

This agreement authorizes eligible dependents to complete the form for applicable payroll deduction fees as per the above per visit fees listed above for their appointment in the event that the City of Salem employee does not attend the appointment.

If the patient is a dependent of a City of Salem employee, please list the employee name, the name of the patient, the patient's relationship to the employee, and the date of the visit.

Employee Name: \_\_\_\_\_ Dependent Name: \_\_\_\_\_

Dependent relationship to the employee: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_ Employee#: \_\_\_\_\_

Employer Use Only			
Oracle Fims effective date: _____	HR Representative: _____	Date: _____	Employee #: _____
DV36 HDHP <input type="checkbox"/> Opt-Out fee <input type="checkbox"/> No Show fee: <input type="checkbox"/>		Verified current medical plan selection: PPO <input type="checkbox"/> Kaiser <input type="checkbox"/> HDHP <input type="checkbox"/> Opt out <input type="checkbox"/>	
Payday: _____	Notify employee of payroll deduction date: <input type="checkbox"/>	Notes: _____	