



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.

Employee Signature: _____ Date: _____

Employee Printed Name: _____ Employee#: _____

Employer Use Only			
HR Representative: _____	Date: _____	Employee #: _____	Hire Date: _____
Health Hub Agreement Tracking List <input type="checkbox"/>			