



## Prescription Discount Program

**Enrollment in the prescription discount program is absolutely free with no monthly cost or obligation.**

Enroll children under 18 living in your household & other family members that you would like to receive a personalized card. All ID cards will be mailed to the address of the primary person on this application.

### Please Complete the Enrollment Information Below:

First Name	Middle Initial	Last Name	Date of Birth	Gender
			/ /	M / F
Street Address	City	State	Zip Code	E-Mail Address
Spouse & Family Members under age 18 to be Enrolled and Listed on your ID Card:				
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F

Family / Household Members age 18 and older (Individual ID Cards will be issued)				
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F
First Name	Last Name	Date of Birth	Relationship	Gender
		/ /		M / F

### 4 Convenient Ways to Enroll:

**Fax:** 407-786-2359

**Enroll Online:** [www.MedicalRewardsNetwork.com](http://www.MedicalRewardsNetwork.com)

**Scan & Email to:** [Rx@MedicalRewardsNetwork.com](mailto:Rx@MedicalRewardsNetwork.com)

**Mail** your completed application to: **Medical Rewards Network**

PO Box 916189 / Longwood, FL 32791-6189