

# Enrolling is Easy

Be prepared when you carry the stress-saving, time-saving, life-saving **DocuBank® Card**

**Send us:**

- This Enrollment Form
- Copy of health care documents you want shared with your DocuBank Card, e.g.:
  - HCPOA
  - Living Will
  - Medication List
  - HIPAA Release
  - Organ Donor Form

**Mail, Fax or Email:**

Mail ..... DocuBank®  
 PO Box 629  
 Springfield, PA 19064

Fax ..... 610-667-1483

Email ..... enrolls@docubank.com

Enrollment form provided through:



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## Questions?

Call **866-829-0993**  
Or visit us at **docubank.com**

# Enrollment Form

## MEMBERSHIP INFORMATION

NAME \_\_\_\_\_  
*List the address for where you would like to receive your cards.*

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL *required* \_\_\_\_\_

## PHYSICIAN INFORMATION *optional*

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

## EMERGENCY CONTACT

*You can add two additional contacts when you receive your card.*

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT NOTE \_\_\_\_\_

## MEDICAL INFORMATION *optional*

*Medical information will appear on your card. Due to space constraints, all selections may not fit on your card.*

**ALLERGIES:**

Penicillin    Sulfa    \_\_\_\_\_

Shellfish    Latex    \_\_\_\_\_

Codeine    Nuts    \_\_\_\_\_

## PERMANENT MEDICAL CONDITIONS: *Do not list medications.*

Asthma    Diabetes    \_\_\_\_\_

Arthritis    High Blood Pressure    \_\_\_\_\_

**MEDICATION LIST SUBMITTED WITH ENROLLMENT:**  Yes  No

## PAYMENT INFORMATION

One Year. . . . . \$55    Five Years. . . . . \$175

Paid through Professional

NAME \_\_\_\_\_

Check or Money Order *Payable to DocuBank*

Credit Card

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CSV \_\_\_\_\_

CARDHOLDER'S ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Auto Renew my membership every year at the discounted renewal rate of \$25/year.

**MEMBER STATEMENT** I have completed an advance directive document(s) (e.g. health care power of attorney) of my own free will and have chosen to enroll in DocuBank to help make my document(s) available when requested. To ensure prompt access, I authorize that my document(s), emergency contact and health information stored with DocuBank be accessible to anyone who provides the member number and PIN on my card. I will notify DocuBank promptly of changes in any of my stored information, and also of the revocation or replacement of my document(s). I understand that DocuBank is not responsible for the validity or accuracy of any information stored by DocuBank, including the health information that also appears on my card. I understand that: by accepting my card I have verified and confirmed the accuracy of all information on the card before carrying it; by providing a fax number for my physician, I am granting DocuBank permission to fax an enrollment notification enabling this physician to obtain my directives; that if I provide an email address for my emergency contact(s), I am granting DocuBank permission to contact these persons and provide them with my member information; that DocuBank does not provide legal advice; and that I may cancel this service in writing at any time by written request to DocuBank.

## OPTIONAL ALERTS

- Email a notice to my emergency contacts when my membership is activated and whenever my documents are requested. 
- Email a notice to my emergency contacts only when my membership is activated.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Fold cover panel behind form before faxing

# Of course you're hoping for the best.

# But are you really prepared for the worst?



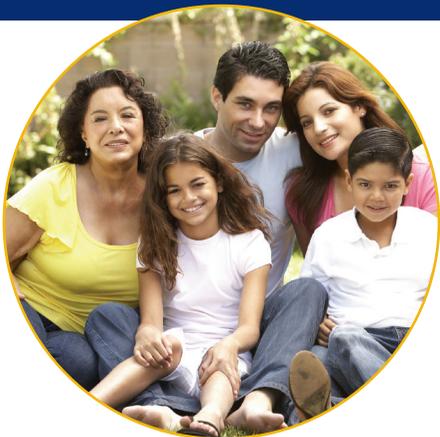
*"The document was printing out before my phone call was finished. I was very impressed."*

*-RN North Memorial Medical Center, Minneapolis, MN*

# DocuBank.com

## 866-829-0993





Living wills are unavailable in 75% of the situations when they are needed.

Where will yours be when you need it?

## Always PREPARED

When you carry the **DocuBank Card**, doctors and loved ones have immediate access to your emergency medical information and health care directives — anywhere, anytime, 24/7/365.

In a medical emergency, minutes matter. If you're hospitalized and medical staff don't know your pre-existing conditions and allergies, care can be delayed or compromised.

If your condition is dire and loved ones don't have access to your health care directives, they can be denied the decision-making power you want them to have, or suffer the stress of making fateful decisions without knowing your wishes.

But when you carry the **DocuBank Card** in your wallet, all of your vital medical information and health care directives are with you. There's no guesswork for doctors or loved ones because you are prepared.

*"My nurse was so impressed with the ease with which she got my advance directives and medical history, she took down DocuBank's phone number so she could get one for her father!"*

— G. Roberts, Member since 2005  
Lansing, MI

## Instant ACCESS

DocuBank services are made available through the **DocuBank Card**. This slim wallet card provides instant access to all the healthcare information and documents listed below. No matter the day or time, hospital staff can call 800-DOCUBANK to have documents faxed, or view and print documents from our website.

- Medical Conditions\*
- Allergies\*
- Medication List
- Emergency Contact\*
- Family Contacts
- Physician Contact
- Health Care Directives
  - Healthcare Power of Attorney
  - Living Will
- HIPAA Release
- Organ Donor Information
- And more!

*\*Displayed directly on the DocuBank Card.*

**+** My Emergency Info & Medical Directives  
CALL 800-362-8226 DOCUBANK.COM

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**Jane B. Example**  
Member #: 987654 PIN: 3210

**Allergies:** Penicillin, codeine, sulfa  
**Conditions:** Diabetes, asthma  
*Medication List on File*

**Contact:** Charles Example ph: 610-667-3524

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Provided Through: John Q. Law, Esq.  
www.johnqlaw.com

## Verified ACCURACY

DocuBank checks with you every year to ensure all phone numbers, medical conditions and legal documents are up to date. You can also update your information at any time on our website or by phone. You can print out copies of your card for family members.



## Family SOLUTIONS

HIPAA's disclosure regulations and guardianship questions can present extra hurdles for loved ones in a medical emergency. Special **DocuBank Cards** are available to address situations that may arise for families with young kids, college students, and people with special needs. Call us for details.

*"I had a reaction to the medication I was taking, and the doctor had prescribed too strong a drug. My DocuBank card helped the ER staff track down which med it was and correct the dosage."*

— B. Colgrove, Member since 2001  
Salina, KS

## DocuBank SAFE

### Online STORAGE

If extended hospitalization puts your normal daily life on pause, loved ones will have to handle your affairs. You can lessen the burden by making it easy for them to obtain the documents they will need. Just store them online in the DocuBank SAFE and loved ones can access:

- Power of Attorney
- Living Trust/Will
- Insurance policies
- Real estate documents
- Financial documents, and more

Having shareable Internet access to this personal information all the time can be convenient for you and those you love — especially in an emergency.

### Data SECURITY

DocuBank takes the security of cardholder data very seriously. Our cyber-security systems closely resemble the architecture utilized for online banking. To keep your personal information protected, DocuBank uses a number of sophisticated security systems, including a two-tier login protocol, high-level encryption of files and a personal SAFE password.

*"I've been immersed in paperwork since my husband died, but want you to know DocuBank provided the information needed. I'm comforted to know I am covered and it will be a help to the family."*

— P. Welbourn, Member since 2009  
Houston, TX