

WELL-BEING CARE PROCESSING

※ CMM is a health care sharing ministry, not a substitute for medical insurance.

NOTE	1. If a CMM member's voluntary CMM monthly gift remits via direct deposit from the member's bank account, the needs-sharing amount will be directly deposited into the same account.
	2. If a CMM member wants to use a different bank account to send their needs-shares to, submit a void check to CMM .
	3. If CMM does not have any of the information above, CMM will mail the check directly to the member.
	1. 월기프트를 회원의 은행 계좌 자동이체로 송금하고 있다면 같은 계좌로 의료비 나눔 자동이체
	2. 만약 1번의 은행 계좌 이외의 계좌로 자동이체 원하면 CMM 으로 Void Check 제출
	3. 1번 혹은 2번의 경우가 아니면 체크 발송

① Personal Information

Member/Patient Information 회원/환자 정보	Full Name(회원/환자 이름)	Date of Birth(생년월일)	Gender(성별) <input type="checkbox"/> Male(남) <input type="checkbox"/> Female(여)		
	Street Address(주소)	Apt./Uni. # (호)	City(시)	State(주) Zip Code(우편번호)	
MEMB # 회원번호:	Primary Contact Phone(<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)		Second Contact Phone(<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work)		Email(이메일)

② Member Qualification Questions

Christian Testimony 신앙고백	<input type="checkbox"/> Yes 예	<input type="checkbox"/> No 아니오	Do you believe that Jesus Christ is your Lord and Savior? 당신은 예수 그리스도가 당신의 구세주이심을 믿습니까?
Healthy Lifestyle (Drinking/Smoking) 건강한 생활 습관 (음주/흡연)	<input type="checkbox"/> Yes 예	<input type="checkbox"/> No 아니오	Are you a tobacco or nicotine user? 흡연을 하십니까?
	<input type="checkbox"/> Yes 예	<input type="checkbox"/> No 아니오	Are you alcohol dependent? 알코올에 의존하십니까?

③ Medical Bill(s): Please attach the itemized bill(s) and proof of payment (자세한 진료비 내역서 및 영수증을 첨부하여 주십시오.)

	Date of Service 서비스 일자	Medical Provider 의료기관	Reason for Visit 방문이유	Original Amount 의료비 원금	Discount Amount 할인액	Paid Amount 지불액
1	MM/DD/YYYY					
2	MM/DD/YYYY					
3	MM/DD/YYYY					
4	MM/DD/YYYY					
5	MM/DD/YYYY					
Total(총액) =====>						

④ Communication Consent

I authorize Christian Mutual Med-Aid to discuss any and all health related information including payments with persons(s) listed below.

Contact Person (1)	Full Name(이름)	Address(주소)	Phone Number(전화번호)	Relationship(관계)
Contact Person (2)	Full Name(이름)	Address(주소)	Phone Number(전화번호)	Relationship(관계)

If the case of multiple member/patient submission, each member/patient must fill up separate forms.

_____ Signature of Patient Individual	_____ Print Name of Patient Individual	_____ Date
_____ Signature of Authorized Representative	_____ Print Name of Authorized Representative	_____ Date

Send To: Christian Mutual Med-Aid | 2315 Sanders Road | Northbrook, IL 60062
 Attn.: Needs Processing Department | Tel. 773-777-8889(Ext.5003) | Fax 773-777-0004

Christian Mutual Med-Aid (CMM) is a not-for-profit organization established in 1996 and federally recognized as a 501(c)(3). CMM is a Biblically-based health care sharing ministry through which Christians share God's blessings by sharing the cost of one another's qualifying medical expenses. As such, CMM is not an insurance company and should not be referred to or considered as a substitute for any other type of health or medical insurance. * Member is personally liable for payment of their medical bills.