

# Member Financial Onboarding Form Guide



# Step 1

Visit the link provided by your HR or Benefit Admin Team to complete your Member Financial Onboarding Form. And fill out the required fields.

## COUPE

### Member Financial Onboarding Form

Welcome to a new way to pay your healthcare costs: a single monthly statement for your out-of-pocket costs with built-in, 0% interest financing... no credit check needed! Use our payment platform to make your healthcare more affordable so you can access the care you need when you need it.

Learn more about our payment model and what to have on-hand for this form at <https://www.coupehealth.com/payments-made-easy/>

If you have any questions or are unable to complete this form, please reach out to [healthvalet@coupehealth.com](mailto:healthvalet@coupehealth.com) or 1-833-749-1969 for assistance.

Let's start by getting to know you. Please enter the Primary plan member's information below:

Primary Insured First Name

Primary Insured Last Name

Primary Insured Date of Birth

Date format - MM/DD/YYYY

Primary Insured Email

Primary Insured Last 4 of SSN

When you are done completing these sections click 'Next'.

# Step 2

Click the 'Sign the agreement' button. You will then be redirected to Dropbox Sign where you will digitally sign your financial onboarding form.

Read through the document and then click on 'Click to sign'.

Next, sign the financial agreements. You will be advanced funds to help pay for out-of-pocket costs by our financing partner, Paytient. While there is no credit check or personal financial statement review needed, Paytient's banking lenders require a signed financial agreement. Signing the financial agreement is necessary to enroll and be eligible for the health plan.

When you're done signing, click "Close" and you'll be taken to the next steps.

Sign the agreement

REQ\* FIELDS LEFT 2

Next Req>

10. Any failure to pay minimum cost-sharing amounts due may result in late fees and Coupe Health forwarding your account to collections.

11. You accept the terms of the Coupe Health Privacy Policy available at [www.coupehealth.com](http://www.coupehealth.com).

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More information about these payment and financing terms is available by contacting Coupe Health at 833-749-1969 or [healthvalet@coupehealth.com](mailto:healthvalet@coupehealth.com)

By signing below, I acknowledge and agree to the terms in this Coupe Health Plan Participant Agreement and have made my payment selections at |

Click to sign \*

Signature

02 / 16 / 2023

Date

John Sampleton

Printed Name (First and Last)

1990-03-18

Date of Birth (MM/DD/YYYY)

# Step 3

Sign your name on the line and click the 'Insert everywhere' button.

Add your signature

Draw it in

*John Sampleton*

I understand this is a legal representation of my signature.

Insert Insert everywhere

# Step 4

Once you have read through the document and signed where needed click the 'Continue' button

Continue

is available by contacting Coupe Health at 833-749-

**in this Coupe Health Plan Participant Agreement**  
esota.secureconduit.net/

John Sampleton  
Printed Name (First and Last)

1990-02-23  
Date of Birth (MM/DD/YYYY)

# Step 5

Click the 'I agree' button if you agree with the terms of service. When you are done signing, be sure to click 'Close' to continue the onboarding process to add your payment account information.

You will receive a confirmation email that you have signed the agreement at this time, please know that you are not done signing yet.

Almost done.

I agree to be legally bound by this document and the Dropbox Sign [Terms of Service](#). Click on 'I Agree' to sign this document.

Edit

I agree







Thanks for submitting your document!

Close

# Step 6


Enter your preferred payment method and amount. You can change these preferences at any time, so do not worry about this being a permanent choice. Then click 'I Agree'.


 Bank Account	 Debit/Credit Card	 Payroll Deduction	 HSA/FSA
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By selecting the "Bank Account" option, you agree:

1. That this payment method may be automatically charged your selected cost-sharing amount each month, and
2. That your health plan and Coupe Health and its vendors are not liable for any additional fees charged to you by your banking institution, such as interest or overdraft fees.

Please note any unresolved failure to pay the minimum cost-sharing amounts due may result in Coupe Health forwarding your account to collections.

Routing Number  

Account Number  

Name on Account

Account Type  
 Checkings  Savings

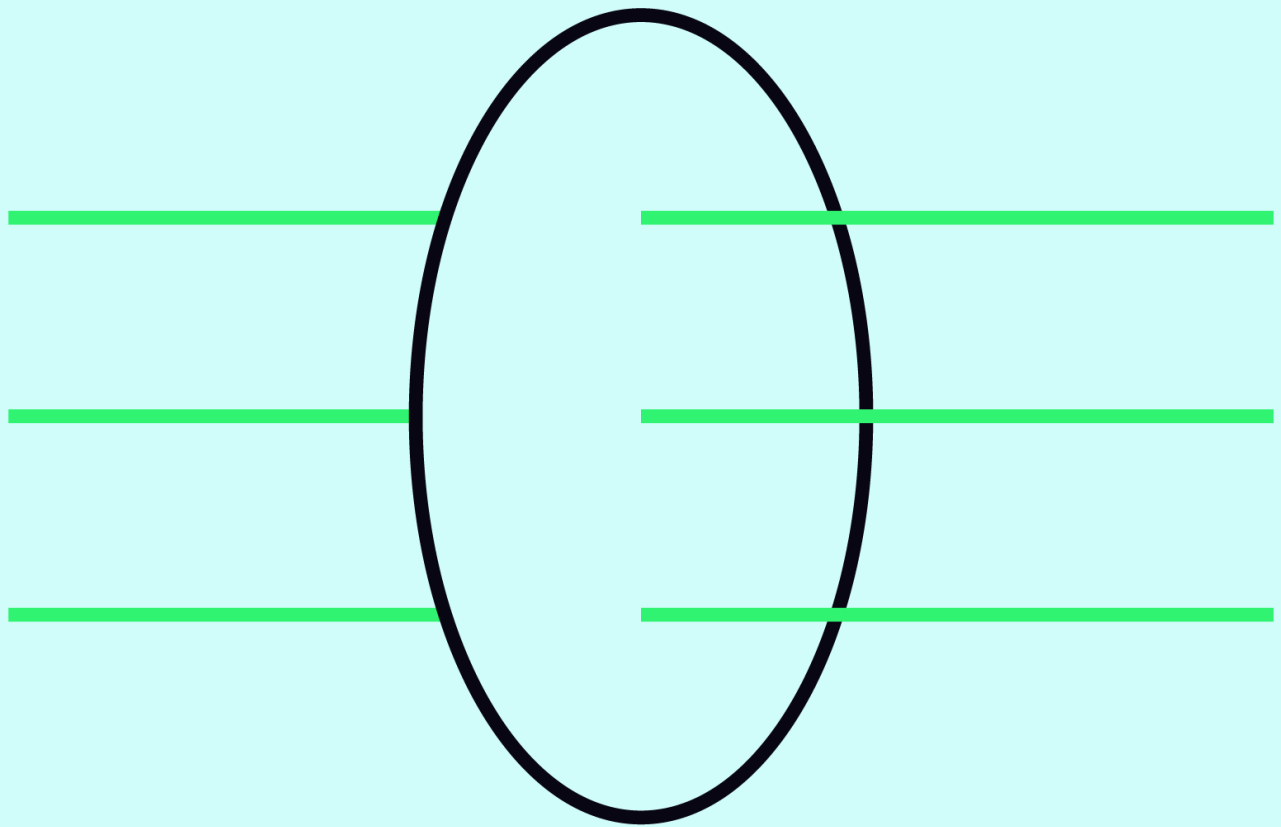
**Next**

Please choose your preferred payment amount and timing:

<b>AUTO-PAY MINIMUM DUE</b> WITH ACCOUNT ON FILE	<b>AUTO-PAY FULL BALANCE</b> WITH ACCOUNT ON FILE	<b>PAY ON YOUR OWN SCHEDULE</b> WITH YOUR PREFERRED METHOD*
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\*Payments are due at the end of each month. If we do not receive at least your minimum payment by the due date, we will charge your preferred payment account on file for the minimum payment due on the day following the due date. If you choose an auto-pay option, we will automatically charge your account, and you will not need to worry about managing due dates.

**I Agree**



After you select 'I Agree', you will receive a confirmation email. This will confirm that you have fully completed the onboarding process.

If you do not receive a confirmation email please reach out to your Health Valet at **HealthValet@coupehealth.com** or **1-833-749-1969**

[CoupeHealth.com](https://www.coupehealth.com)

