



MAY 2019 REGISTRATION FORM

1. Name: _____
2. Gender: M / F (please circle)
3. Age and Date of Birth (DD/MM/YY): _____
4. Contact details (phone and email): _____
5. Daytime or Evening sessions? ☐ Daytime ☐ Evening ☐ A mix of the two (please note only eight daytime spots available. Choose daytime if your lunch hour is your only option! In the evenings we have more time, more space and it's more laid back!)
6. Current health/nutrition status:
 - ☐ I have never felt healthy
 - ☐ I have felt healthy but I have lapsed
 - ☐ I am moderately healthy
 - ☐ I am healthy
 - ☐ Other (please specify) _____

7. MEDICAL NOTE

Nutrifit is a preventive health program and is not intended for diabetes management (or for management of any other disease.) If you have a medical condition please obtain your physicians consent. Regardless of your health status, please note that neither Natural Ltd, nor our associates, make any representations about the programs suitability for a particular individual and cannot be held responsible for any injury sustained or medical issue resulting from participation in our program. Individuals participate entirely at their own risk. Please indicate your acceptance of these terms by signing here: _____

Do you have a medical condition? YES / NO (please circle)

If yes, please provide details and confirm that you have sought approval from your physician to participate by signing your name here:

Medical condition _____

Signature _____



8. PAYMENT DETAILS - \$470 per person.

Insurance coverage options as a client utilizing insurance coverage for Natural services for the first time:

Argus co-pay - \$120 (Medical Nutrition benefit)

BF&M co-pay - \$38 (Medical Nutrition benefit)

Colonial co-pay - \$150 (Holistic Care benefit)

GEHI – ongoing discussion! We can't promise anything yet but we are willing to set up a payment plan 😊

FOR THOSE UTILIZING INSURANCE BENEFITS: Please note that these copays are based on no previous claims in your policy year within the benefit categories specified. If you have already utilized some benefits, please contact us and we will help you determine eligibility. All clients are responsible for fees not covered by remaining benefits. In addition, if you do not attend your nutrition sessions then you become responsible for this portion of the fee. Please indicate your acceptance of this by signing here. Your signature also indicates that you agree to assign the relevant insurance benefits to Natural Ltd (i.e. we make the claims for you on your behalf so you only need to pay a copay!) : _____.

☐ Please also submit the New Patient Sheet which provides us your insurance details.

Natural Nutrition & Court House members: Members are entitled to a 10% discount that can be applied to their co-pay portion. If you are a member, please indicate your membership and relevant number here: _____ (note that for BF&M insureds this may mean you don't have to pay anything and your balance will come down to zero! 😊)

Please indicate the total amount you are paying and your chosen method of payment:

☐ Amount you are paying: _____ ☐ Insurance provider: _____

Method:

☐ Cash

☐ Cheque

☐ Online transfer (please tag your name in the transaction and avoid the "swift" option as this incurs a charge our end. Thank you!) **Natural Ltd, Clarien Bank, account number 4710912072.**
Please note your name within the transaction and email me to confirm it is on its way.

Please return this form and relevant documents/payments ASAP as payments secure spots. Scan and email is best otherwise you can drop it to the Natural office reception on the third floor of the Mechanic's Building, 12 Church Street, Hamilton (entrance in-between Specialty Cinema and the Opticians.) Many thanks for your registration. We are looking forward to working with you! 😊