

# Nature's One®

## Medical Hardship Discount Program



Please Fax Completed Form to 740-548-3879 or Mail to:  
Nature's One Medical Hardship Program 8754 Cotter St. Lewis Center, OH 43035

### Parent or Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Child's Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Gender:  Male  Female

### For Doctor to Complete

Date of Diagnosis: \_\_\_\_\_ Product Use:  Oral  Enteral

Describe diagnosis: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Autism         | <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Eating Disorders   |
| <input type="checkbox"/> Cancer         | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Metabolic Disorder |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Down Syndrome   | <input type="checkbox"/> Other _____        |

Doctor's Name: \_\_\_\_\_ Doctor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_ Doctor's Fax: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Nature's One® Hardship Policy Agreement

- For customers who do not qualify for Medicare/Medicaid or private insurance coverage, Nature's One® offers a 30% Medical Hardship Discount for children with the following chronic condition for which a Nature's One® product has been deemed appropriate by my child's healthcare professional: Autism, Cancer, Celiac Disease, Cerebral Palsy, Eating Disorders, Cystic Fibrosis, Down Syndrome, Metabolic Disorders or other nutrition related, medically diagnosed condition.
- Products discounted by Nature's One® may only be consumed by the child enrolled in the Medical Hardship Discount Program. This discount cannot be combined with any other coupons or discount offers.
- Infractions to these policies are grounds for discontinuation of the Medical Hardship Discounts.
- The privacy of all medical information will be protected and held confidential by Nature's One®.

Each application will be evaluated by Nature's One® healthcare professional staff on an individual basis. Enrollment approval will be based upon the committee's final decision.

I AGREE WITH THE TERMS OF NATURE'S ONE® MEDICAL HARDSHIP DISCOUNT PROGRAM.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_