



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

## Medical Hardship Discount Program

### 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. Nature's One, LLC reserves the right to discontinue this program without notice at any time.

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

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