



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.
- Minimum Purchase: 6-pack case
- 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: _____