

# Physical Fitness



8000 IH 10 West, Suite 1500  
San Antonio, Texas 78230

Office: 1-800-764-0418

**Cost per class: \$60 Duration per class: 55 minutes** Please select type of fitness activity you are interested in:

- Zumba     Floor Aerobics     Yoga     Weight Training\*     Step\*
- Combo Class (Part Weight Training / Part Step or Floor Aerobics)\*

Conditions on scheduling:

- \* means your facility must be equipped with weights/steps for employees to use
- Must have a cleared room to perform fitness class
- Based on availability

## Please Answer Questions Below

Requesting Date(s) (Please include DAYS) / & Times: \_\_\_\_\_

Address Where Fitness Activity will be held at: \_\_\_\_\_

# of Participants: \_\_\_\_\_ One Time Visit? YES NO If no, please specify desired visits below: \_\_\_\_\_

Location of Fitness Activity: (For example: Cafeteria, Gym, Break Room): \_\_\_\_\_

Responsible Party for Payment:  Company  Insurance Carrier  Other: \_\_\_\_\_

I am authorizing Kaiser Medical Management to provide \_\_\_\_\_ *Company Name* \_\_\_\_\_ the above service. I understand that Hosting Company will be responsible for payment after paperwork is submitted regardless of cancellation. There will be a \$25 date/time change charge if applicable. Service will be billed prior to date requested. **I HAVE REVIEWED AND UNDERSTAND KMM's form.**

Signature Approving Service: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Print:**

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Physical Fitness  
No Notice required, but based on availability / Company paid program  
FAX TO 1-888-688-4176  
www.kaisermedicalmanagement.com  
You will be notified by email that we received fax.