

Monthly Vitamin Shot Clinic



Office: 1-800-764-0418

KMM provides the best value to Employers on Vitamin Shot Clinics. (*Services based on availability / Pricing subject to change up or down) Vitamin Shot Clinics are automatically booked with a KMM Health & Wellness Fair. Employee Monthly Vitamin Shot Clinics requirements/information: 1) Minimum 10-employees, 2) Payroll deduction is available, Company Paid Program, or Employee-Paid Program for monthly clinics. 3) Employee Program—Correct Cash or Check made out to KMM, 4) Clinics time frames will be booked in 30 minutes, 45 minutes, or 1 hour segments based on number of employee interest, 5) KMM holds the right to reduce time frame if a consistent decrease occurs, 6) Guaranteed booking request date is based on availability, 7) Employee Waivers are required to be filled out and signed by employees giving permission for administering at every visit, 9) information on Vitamins administered is provided to employees and can be found on KMM's website. The below information needs to be filled out completely and faxed to 1-888-688-4176. You will be notified when received.

Scheduling

Vitamin B-12 Shot Cost: \$13

Vitamin B-Complex Shot Cost: \$28

Super Lipo Lean Cost: \$32

Vitamin C Shot Cost: \$20

Vitamin D Shot Cost: \$20

Glutathione Shot Cost: \$20

Please answer below questions:

Payroll deduction Company Paid Program Employee Paid Program

of Estimated Employees Participating: _____

*Pricing listed reflects 50% discount employees receive off from clinic cost.

Requesting Date (Please include DAY) / & Time Frame: _____
KMM holds the right to adjust time

Address Where Vitamin B-Shot Clinic will be held at: _____

Location of Vitamin Shot Clinic: (For example: Cafeteria, Gym, Break Room): _____

I am authorizing Kaiser Medical Management to provide _____ Company Name _____ Monthly Vitamin Shot Clinics for its' employees / members and have reviewed and understand cost. I understand that all employees will have to sign a release waiver showing they are requesting to have shot administered and that the Company, KMM, nor KMM Staff is responsible for any liability. Hosting Company will assist KMM in the event an employee check bounces to assure employee takes care of his/her financial responsibility. Company understands pricing listed on form is reduced already 50% off. Company understands there is no fee charge for the Vitamin Shot Clinic on-site service. Company understands they are eligible for a free health and wellness fair annually by participating in the Monthly Vitamin Shot Clinic Program.

Print Name: _____ Title: _____

Company Name: _____ Phone: _____ Ext: _____

Address: _____ Zip: _____ Fax: _____

Email Address: _____

Authorized Signature Approving Vitamin Shot Clinic: _____

Authorized Person's Name in Print: _____

Date: _____

Vitamin Shot Clinic
45-Day Notice Required / 60-Day Notice Required September—November
FAX TO 1-888-688-4176
www.kaisermedicalmanagement.com
You will be notified by email that we received fax.