

## MCOR FITMED Weight Management Enrollment Form

Subscriber name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Doctor \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone: \_\_\_\_\_

Based on your payment preference selected below, your FITMED Weight Management membership fee will **automatically** be charged following your program selection. Future follow up treatments will use the same payment method provided unless otherwise noted. If our Weight Management program is a FIT for you, this fee will be processed during enrollment.

This enrollment form will stay effective until one of the following occurs:

- You have completed the Weight Management Program
- Your credit card has expired –*new enrollment form would be completed*

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\_\_\_\_\_ \$2,500.00 Weight Management Program Primary Membership (3 months)

\_\_\_\_\_ \$250.00/mo Weight Management Maintenance Program Membership

*Charged monthly automatically, 3 month minimum. Includes 2 monthly visits (virtual or in-person), access to our weight management app, and priority access to Chef Glen and Chef Andrea. Request to pause or cancel whenever you wish.*

\_\_\_\_\_ I would prefer to put my Weight Management Program fee on my credit card:

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Card number \_\_\_\_\_ exp date \_\_\_\_/\_\_\_\_ security code on back \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_