



## Coffee Street Fitness & Dance Insurance Consent Form

Insured Member's Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

United Healthcare Renew Active Program ID # \_\_\_\_\_

Member's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Member's Cell #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*Member's Email: \_\_\_\_\_

**Members: Please initial each one as you read and understand the instructions listed.**

\_\_\_\_\_ A. I understand that it is my responsibility to verify with **United Healthcare Healthy Contributions**, Customer Service **800-317-2739**, that I am signed up for the coverage before giving the insurance information to the fitness center.

\_\_\_\_\_ B. I understand that United Healthcare Renew Active Program *encourages at least 10-visits* each month, *but not mandatory*, to acquire and maintain good health. Only 1 workout per day is counted. Workouts in the Fitness Center or a fitness class attended can be counted toward a workout for the day.

\_\_\_\_\_ C. I understand that it is my responsibility to **sign-in** on the membership list at the fitness center each time I visit to ensure that my visit will be recorded for proper reimbursement for each workout.

\_\_\_\_\_ D. I understand that the fitness center is entitled to reimbursement for the use of the facility and the equipment, and maintenance costs each time that I workout or attend a class.

This authorization will remain in effect until I notify the above fitness center that my United Healthcare Renew Active Program eligibility has discontinued.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any questions on completion of this form, please contact Sandy Tammel at Coffee Street Fitness & Dance 507-272-3731.

**PLEASE REVIEW AND SIGN WAIVER AND ASSUMPTION OF RISK ON BACK OF PAGE.**