

Dear Leadership Team,

Musculoskeletal Disorders (MSDs) affect the muscles, nerves, blood vessels, ligaments, and tendons. Workers in many occupations can be exposed to several risk factors that increase their chance of injury, such as lifting heavy objects, repetitive tasks, and awkward body positioning. Examples of MSDs are carpal tunnel syndrome, muscle strains, neck and back injuries. MSDs can have a negative impact in the workplace. ***According to the Bureau of Labor Statistics (BLS) in 2013, MSDs cases accounted for 33% of all work-related injury and illness cases.*** As a result, there is an increase days-off usage and increase healthcare costs, which effects company productivity (revenue).

There is great news! MSDs can be prevented. The keys are: employee training and making work conditions ideal for each worker. Our company helps to satisfy both needs. We provide educational workshops through our *Corporate Wellness Program*.

Prevention is the key to long-term functional health!

By joining our *Corporate Wellness Program*, your company connects with an integrative healthcare solution that has helped hundreds of people to improve their lives by providing exceptional healthcare services. Our healthcare services include: education and treatment.

Every employer, regardless of size and industry, can benefit from our *Corporate Wellness Program*. Our passionate healthcare providers and practitioners are ready to support the health of your employees. Our commitment is to our staff, patients, clients, business partners, and building local business connections.

Invest in your employees. Invest in your business. Join HLC Corporate Wellness Program today!

All new applications include a **FREE Lunch-and-Learn Program session** for your company. **Limited space available---Register early to take advantage of this opportunity.**

If you have any questions or need more information, please feel free to contact our office.

Sincerely Yours,

Dr. Tiffany T. Butler
CEO/Practice Manager

Corporate Wellness Program Application

Complete all information. By knowing about your company, we are able to create a customized corporate wellness program that fits your company's needs.

Organization Information

Number of Employees: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Company Phone: _____ Fax: _____

Company Website: _____

Occupational Industry (check all that apply):

Business & Finance

Computers & Technology

Construction Trades

Education, Teaching & Training

Engineering & Engineering Technicians

Fishing, Farming & Forestry

Health & Medical

Hospitality, Travel & Tourism

Legal, Criminal Justice & Law Enforcement

Management

Media Communications & Broadcasting

Military & Armed Forces

Office Administration

Production & Manufacturing

Professional & Service

Psychology

Installation, Repair & Maintenance

Sales & Marketing

Science & Life Science

Transportation & Moving

Primary Point of Contact

First Name: _____ Last Name: _____

Street Address (if different from company): _____

City: _____ State: _____ ZIP: _____

Position: _____

Phone (direct line): _____ Extension: _____

Mobile Phone: _____ Email: _____

Secondary Point of Contact

First Name: _____ Last Name: _____

Street Address (if different from company): _____

City: _____ State: _____ ZIP: _____

Position: _____

Phone (direct line): _____ Extension: _____

Mobile Phone: _____ Email: _____

Harmonious Living Chiropractic: Fitness & Wellness Center
Headquarters: 603 7th Street, Unit 301, Laurel, Maryland 20707
Office: (240) 264 – 6372 Fax: (240) 264 – 6431 Email: info@drtiffanybutler.com

Billing Address (if different from above)

Street Address: _____

City: _____ State: _____ ZIP: _____

Additional Information

How did you hear about us?

Advertisement Company Website Direct Mail Seminar Tradeshow/Expo

Friend/Colleague Other: _____

What are your company health and wellness goals? Your company health and wellness goals can be whatever you believe is reasonable for your company. Add more goals in the space provided.

- Decrease absenteeism
 - Decrease number of employees who smoke
 - Decrease number of overweight or obese employees
 - Decrease the overall use of sick leave
 - Decrease work-related injuries
 - Decrease workers' compensation claims
 - Improve employees' satisfaction with the company
 - Increase physical activity/fitness amongst employees
 - Other: _____
- _____
- _____
- _____

Business Information

Business Type: _____

Business Description (25 words or less):

One-Time Application Fee: \$35.00 (non-refundable and non-transferrable)

We accept check, debit cards, and credit cards payments only.

If paying by check, please make all checks payable to **Harmonious Living Chiropractic** and mail it along with the Membership Application to our office. If paying by debit card or credit card, please complete the *Credit/Debit Card Payment Form*, then fax the application along with the *Credit/Debit Card Payment Form* to (240) 240 – 6431 **Attn: Dr. Tiffany T. Butler.**

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CREDIT/DEBIT CARD PAYMENT FORM

Complete and sign this form to authorize ***Harmonious Living Chiropractic: Fitness & Wellness Center*** to make a **one-time** charge to your credit or debit card listed below.

By signing this form you give us permission to charge your card for the amount of **\$35.00 Application Fee** (which is non-refundable and non-transferrable) on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated credits or debits to your account.

Please complete the information below:

I, _____, authorize ***Harmonious Living Chiropractic: Fitness & Wellness Center*** to charge my credit/debit card account indicated below on or after _____. This payment is for the Application Fee.

Billing Information

Street Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Account Type:	Visa	MasterCard	Discover	AMEX
Cardholder Name:	_____			
Credit/Debit Card Number:	_____			
Expiration Date:	_____			

Signature for Authorization

I authorize ***Harmonious Living Chiropractic: Fitness & Wellness Center*** to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company; so long as the transaction corresponds to the terms indicated in this form.

Printed Name: _____

Signature: _____ Date: _____