



american naturopathic member application

APPLICATION ADDENDUM REQUESTING ADJUSTED RATE FOR PART-TIME PRACTICE

A. Identifying Information (Type or print in black ink.)

1.

First Name

Middle Initial

Last Name

B. Practice Information

1. Number of days a week worked at practice? _____

2. Number of hours per week worked at practice? _____

3. Office hours each day of the week?

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

4. Number of patients you see weekly? _____

C. Additional information:

D. Applicant Signature

Based on the information above, underwriting will determine if you are eligible for the part time rate.

Signature

Date