Corporate Multidisciplinary Wellness Program



Improving the health of your organization





Corporate Multidisciplinary Wellness Program

Coxwell Physiotherapy Clinics are doctor-owned and operated Multidisciplinary Physiotherapy Clinics, offering a wide range of treatments tailored to the unique needs and requirements of each patient and corporate partner.

We would like to offer your organization the opportunity to join our *Corporate Multidisciplinary Wellness Program* (CMWP). As a CMWP member, your organization will be able to take advantage of our discounted rates for Multidisciplinary Health Services at any one of our six GTA locations.

Our exclusive (CMWP) program offers our clients the following "Preferred Rates" benefits:

- 20% off Physiotherapy
- 20% off Massage Therapy
- 20 % off Acupuncture
- 15% off Orthotics and Orthotic Shoes
- 10% off Knee brace
- 10% off Compression Stockings
- TWO FREE Lunch & Learn presentations to your members/employee annually



How do we join the Corporate Multidisciplinary Wellness Program?

Joining our Wellness Program Is Easy!

- 1) Complete the attached Registration Form. In your registration please provide the contact information of a representative from your organization who will act as the liaison for our *Corporate Multidisciplinary Wellness Program*. Note: Only <u>one</u> person in your organization needs to complete the Registration Form.
- Fax the completed Registration Form to 905-841-7126 or email the scanned form to info@Coxwellphysio.com
- 3) YOU ARE DONE! Once the registration form is received and processed, all the individuals within your corporation will be part of our *Corporate Multidisciplinary Wellness Program* and receive our preferred rates.

How do we take advantage of the preferred rates?

 Once registered, individuals within your organization can visit any of our clinics, bring a company ID card or other proof of company identification, and start taking advantage of our preferred corporate wellness rates.

Can we view our corporate promotions online?

Yes. After your organization registers with us, one of our client service representatives
will contact you and provide you with a unique online username and password. All the
members within your organization will be able to login to www.Coxwellphysio.com
and view your preferred rates.



Please complete the registration form and fax it to 905-841-7126 Once we have received your registration form, a HealthMax client service representative will contact the liaison specified in the form and provide your organization with a unique username and password. Members within your organization will be able to login to www.Coxwellphysio.com and view their discounted corporate rates.

Members within yoo their discounted cor	-	will	be able to login to	www.C	Coxwellphy	ysio.com and view
REGISTRATION FORM						
ORGANIZATION INFORMATION						
Organization Name:						
Address:						
City:		Province:		Postal Code:		
Phone:		Fax:		E-mail:		
Business type:			Number of Employees:		Do you have a Wellness Program:	
ORGANIZATION CONTACT PERSON/LIAISON INFORMATION						
Contact Person/Liaison Name:					Department:	
Phone:		Fax:			E-mail:	
HELP US GET TO KNOW YOU						
How did you hear about us?						
☐ Internet ☐ Newspaper ☐ Radio ☐ Mail advertising ☐ Direct Marketing ☐ Other						
Would your organiza	tion be interest	ed in	a Lunch-and-Learn re	egarding	corporate v	vellness:
☐ Yes ☐ No	uld vou like us t	0.00	(or)			
If yes, what topic would you like us to cover?						
☐ Posture wellness at work	☐ Common injuries at the workplace		☐ Ergonomic tips ☐ Keepi in the workplace healthy muscles		spine and Management	
☐ OrthopaedicAssessment	☐ Physiotherapy Assessment		☐ Other topics:			
Applicant's Name:					Date:	