



REGISTRATION FORM

Telehealth is an affordable health care plan that offers members access to primary health care remotely through telecommunication technologies.

Date :

Regular visits help prevent major medical issues and promote healthy living.

***Non-Refundable Registration Fee \$20**

PERSONAL INFORMATION

Full Name :

Gender : Male Female Date Of Birth :
D D M M Y Y

Full Address :

City / Country : I.D Number :

Phone :

E-Mail :

Package : Bronze \$30 Silver \$60 Gold \$90 Platinum \$120

Please note this is a subscription service, and payment is required each month to enjoy the benefits.

(Proof of payment is required to activate plan) _____

More Information :
West Mall Drive Freeport, Grand Bahama
Tel: (242) 352-2130 | 375-7462
www.ralphahealthcentre.com

Applicant Signature



MEDICAL POLICY TREATMENT FORM

I _____, understand and agree to have Dr. Collie of Ralpha Health Centre examine, discuss treatment plan and give medical care to me. I agree for any procedure of medical or surgical management.

Name: _____

Date: _____

Witness Date: _____

Applicant Signature

EMERGENCY CONTACTS

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

FOR INTERNAL USE ONLY:

Approved by : _____

Method of Payment:

Cash

Kanoo

Sun Cash

Wire Transfer

Insurance

Online Banking

Signature

THANK YOU