



HEALTHY DISCOUNTS LETTER OF AGREEMENT

As a participating business in MED-KEY/Healthy Discounts, I agree to provide the specified discount on the items or services listed below to customers presenting a Brooksville & Spring Hill Regional Hospitals MED-KEY card at the time of purchase.

(please print)

Name of Business: \_\_\_\_\_

Business Address (Physical): \_\_\_\_\_

Business Address (Mailing): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Amount of Discount: \_\_\_\_\_

Item(s) to be Discounted: \_\_\_\_\_

\_\_\_\_\_

Brooksville and Spring Hill Regional Hospitals agree to publish the name and location of the Company to MED-KEY cardholders along with the discount offered.

This agreement may be terminated by either party, with or without cause, upon thirty (30) days notice via mail or facsimile. This agreement may not be amended except in writing and signed by both parties.

Company Representative (please print): \_\_\_\_\_

Title: \_\_\_\_\_

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

Please keep a copy of this form for your records and mail or fax the original to:

MED-KEY/Marketing & Community Relations
Brooksville Regional Hospital
17240 Cortez Blvd.
Brooksville, FL 34601
352-797-4645
352-797-4646 (fax)

