

# MARTINEZ URGENT CARE

210-A BOBBY JONES EXPRESSWAY  
MARTINEZ, GA 30907  
OFFICE: 706-855-1755  
FACSIMILE: 706-863-2587  
FAMILY PRACTICE & OCCUPATIONAL MEDICINE

## COMPANY DEMOGRAPHICS

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALT. PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOT #: \_\_\_\_\_ SSN: \_\_\_\_\_ DL#: \_\_\_\_\_

POINT OF CONTACT FOR THE COMPANY (if different than owner): \_\_\_\_\_

**MUST PROVIDE PHOTO IDENTIFICATION**

## BILLING INFORMATION

CREDIT CARD ON FILE

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ V CODE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

INVOICE (THIS OPTION MAY NOT BE AVAILABLE FOR ALL ACCOUNT TYPES)

RESPONSIBLE PARTY FOR PAYMENT: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PERSON AUTHORIZING AGREEMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SEND ALL EMPLOYEES IN WITH AN AUTHORIZATION FORM FOR REQUESTED SERVICES. THIS CAN BE FOUND AND SUBMITTED ON OUR WEBSITE OR BROUGHT IN WITH EMPLOYEE.**