

MARTINEZ URGENT CARE, INC.
210 Oak Street
Martinez, GA 30907
office@martinezurgentcare.com
Office: (706)855-1755
Facsimile: (706)863-2587
Family Practice & Occupational Medicine

COMPANY DEMOGRAPHICS

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____ Fax: _____
Point of Contact for Company: _____ E-mail: _____
Owner: _____ SSN: _____ Tax ID: _____

BILLING INFORMATION

Credit Card of File: Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

V Code: _____ Billing Zip Code: _____ Name on Card: _____

Preferred Statement Method: Mail E-Mail _____

I authorize Martinez Urgent Care, Inc. to charge my credit card if my account becomes delinquent.

Name (print): _____

Signature: _____ Date: _____

I agree to pay 100% of the collection costs if my account is sent to a collection agency.

Name (print): _____

Signature: _____ Date: _____

****MUST PROVIDE PHOTO IDENTIFICATION & COPY OF CREDIT CARD****

Please fax this completed form to (706) 863-2587 or E-mail to office@martinezurgentcare.com