



**ST. GEORGE'S MEDICAL CLINIC**

**COMPANY PROFILE**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name(s) and Telephone Number(s) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Policy #: \_\_\_\_\_

We authorize St. George's Medical Clinic to provide medical services for employees that we may refer to St. George's. If a patient is seen for an Occupational Injury that has been approved by our Worker's Compensation Insurance Carrier, St. George's is to bill our carrier and accept Workers Compensation benefits. Any services such as injuries not covered by our insurance, pre-employment physicals, drug screens etc... which are referred and approved by our management, are to be paid by our company directly.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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