



**COMPANY PROFILE**

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

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

\_\_\_\_\_

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

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Contacts w/ Direct Telephone Numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

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

\_\_\_\_\_

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

Adjuster Name w/ Direct Telephone Number:

\_\_\_\_\_

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 carrier St. George's is to bill our carrier and accept workers compensation benefits as payment in full. Any other 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.