WORKERS COMPENSATION

EMPLOYER INFORMATION

EMPLOYER NAME:	EMPLOYER CONTACT/SUPERVISOR NAME:
EMPLOYER PHONE NUMBER:	EMPLOYER CONTACT/SUPERVISOR PHONE NUMBER:
EMPLOYER ADDRESS:	EMPLOYER CONTACT/SUPERVISOR FAX NUMBER:

WORKERS COMP INSURANCE INFORMATION

INSURANCE COMPANY NAME:	INSURANCE COMPANY ADDRESS:
INSURANCE COMPANY PHONE NUMBER:	INSURANCE COMPANY FAX NUMBER:
DRUG TESTING REQUIRED? (CIRCLE ONE) IN-HOUSE 10 PANEL NONE REQUIRED	SPECIAL INSTRUCTIONS?

GEORGIA URGENT CARE
7820 HICKORY FLAT HWY
WOODSTOCK, GA 30188
PHONE: 678-672-5100
FAX: 678-672-5101

CLINIC SUPERVISOR: MEGAN CONNELLY
EMAIL: GEORGIAURGENTCARE@GMAIL.COM
PHONE: 404-353-5181