



PREMIER MEDICAL GROUP, INC.

Telephone: (800) 998-9777 • Fax: (800) 265-2544

Enrollment Form

Thank you for choosing Premier Medical Group as your diagnostic testing service. We look forward to providing your patients with the highest quality of service.

To get started we need to confirm we have accurate contact information for you and your Practice. Please complete the following form and fax it back to us. Our toll free fax number is 800-265-2544.

Doctor Name: _____

Contact Name: _____

Clinic Name: _____

Clinic Address: _____

City _____ **State** _____ **Zip Code** _____

Clinic Phone #: _____

Clinic Fax#: _____

Email Address: _____

Please indicate which one of our Programs you will be using.

Please check one.

Professional/Technical Billing (Technician/Equipment lease)

Personal Services Program (Hourly Compensation)

Once your enrollment form is received, a contract will be forwarded to you via email. Note: We must receive a signed contract and enrollment form to implement one of the above programs.

Please feel free to contact us if you have any questions or if we can assist you in any way.

Diagnostic Coordinator _____