EVERGREEN
MEDICAL GROUP

COMPANY NAME_____ PHONE_____

ADDRESS_____ FAX_____

EFFECTIVE DATE_____ AGENT_____

AGE	SEX	EMP	EMP + SPOUSE	EMP + CHILD	FAM	*LIST ALL MEDICAL CONDITIONS *LIST ALL MEDICATIONS BEING USED BY EACH FAMILY MEMBER TO BE INSURED

PLEASE FAX CENSUS DATA TO:

Jane D. Pritts
Evergreen Medical Group
707 Center Street, Suite 110
Columbus GA 31901-0790
jane.pritts@crhs.net

PHONE: (706) 660-6243
FAX: (706) 660-6515