

MEDICAL DOCTOR QUESTIONNAIRE

Please fill out all required information that you would like added to MedLic's doctor directory.

NOTE: All doctors must be a licensed M.D., D.O.

Field of Medicine: Example (Sports Medicine, Family Doctor, etc.) **NOTE:** License # will not be displayed on the directory. It is for commission use ONLY.

(1) Name: _____ MD: _____ DO: _____

License # _____

Field of Medicine: _____

Please specify if you are Board Certified: Yes: _____ or No: _____

Name of Clinic or Facility: _____

Physical Address: _____

Mailing Address: _____

(Please specify if the same)

County: _____

Office Number: _____

Fax Number: _____

Office E-mail: _____

(NOTE: needed for e-mail confirmations and courtesy updates ONLY.)

Name of Office Manager: _____

Office Manager's direct line: _____

Office Manager's E-mail: _____

Hours of Operation: _____

Non days of operation (Holidays observed): _____

If you have more than one location, please add as many locations as you would like listed in the directory.

Location #2 Address:

Physical Address: _____

Mailing Address: _____

(Please specify if the same)

County: _____

Office Number: _____

Fax Number: _____

Office E-mail: _____

(NOTE: needed for e-mail confirmations and courtesy updates ONLY.)

Name of Office Manager: _____

Office Manager's direct line: _____

Office Manager's E-mail: _____

Hours of Operation: _____

Non days of operation (Holidays observed): _____

Location #3 Address:

Physical Address: _____

Mailing Address: _____

(Please specify if the same)

County: _____

Office Number: _____

Fax Number: _____

Office E-mail: _____

(NOTE: needed for e-mail confirmations and courtesy updates ONLY.)

Name of Office Manager: _____

Office Manager's direct line: _____

Office Manager's E-mail: _____

Hours of Operation: _____

Non days of operation (Holidays observed): _____

Appointments needed? Yes _____ No _____

Walk-ins accepted? Yes _____ No _____

Payment type accepted: Visa ___ MC ___ AE ___ Disc ___

Money Order ___ Cash ___ Personal Checks ___ Cashiers Check ___ Debit Card ___

(NOTE: All discounted rates per MedLic's Agreement will apply, unless the doctor's office chooses to accept the Athlete's personal insurance information. MedLic assumes no responsibility for any outstanding debt the Athlete may incur. Accepting insurance from an Athlete voids this contract and agreement for current appointment ONLY.)

If your office conducts pregnancy tests, please specify.

Urine: _____ Yes: _____ No: _____

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

Blood: _____ Yes: _____ No: _____

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

List of services and prices contracted for MedLic, LLC.

Exam: _____

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

Exam: _____

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

Exam: _____

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

Exam: _____

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

Exam: _____

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

Please indicate if you are able to do Lab work in your office:

Yes: _____ No: _____

HIV:

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

Hepatitis BsAg(surface antigen):

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

Negative Hepatitis CAb (surface antibody):

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

All three (as a package deal) \$ _____

Please submit prices for tests listed below or if you have a list of all types of blood test your office provides, please attach and forward to info@mymedlic.com along with MedLic's contracted prices showing.

Pt/Ptt: (Blood clotting)

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

CBC: (Blood Count)

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

TB: (Tuberculosis)

MedLic's Contracted Price: \$ _____

Doctor's Original Price: \$ _____

By signing this document, you are agreeing and allowing MedLic, LLC to list the contracted prices above in their directory.

Print Name: _____

Doctor Signature: _____

Date: _____

