ENSEMBLE ORTHOPEDICS INC

2621 Ridgepoint Drive, Suite 100 • Austin, TX 78754
phone: (512) 638-3598 • fax: (855) 936-3282
customercare@ensembleortho.com

NEW ACCOUNT INFORMATION

(*) REQUIRED INFORMATION

PLEASE COMPLETE AND RETURN SCANNED PDF TO CUSTOMERCARE@ENSEMBLEORTHO.COM

***Rep Group/Name**_____ Phone _____

Email Address _____

***Facility Name** _____

Facility Type: ☐ Surgery Center ☐ Hospital ☐ Stand-alone Facility ☐ Billing Group ☐ University Affiliate

Surgeon Users: _____

_____

***Billing Address** _____

City _____ **State** _____ **Zip**_____ ***Phone** _____

Physical Address (if different) _____

City _____ State _____ Zip_____ Phone _____

***AP Email Address**_____

***Accounts Payable Contact** _____

***Direct Phone** _____ Billing Fax (if applicable): _____

Email Address (if different from above) _____

Materials Mgmt. Contact _____ Phone _____

Email Address _____