



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 EMAIL TO CUSTOMERCARE@ENSEMBLEORTHO.COM

*Dist / Rep Name _____ Phone _____

Email Address _____

*Facility Name _____

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

Surgeon User(s): _____

*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 _____