EKG SERVICE CONTRACT

DATE: _____

CARE FACILITY: _____

PCH ADDRESS: _____

NUMBER OF RESIDENTS: _____ **NUMBER OF UNITS/FLOORS:** _____

ADMINISTRATIVE CONTACT: _____

ACCOUNTING CONTACT: _____

BILLING ADDRESS: _____

PHONE: _____ **FAX:** _____

***** Provide Phone/Fax list if different numbers are assigned to each floor/unit*****

PHYSICIANS/NURSE PRACTITIONERS:

_____ _____

_____ _____

_____ _____

By signing below, I authorize EKGs-4-u Mobile EKG Service, a division of 5708592 Manitoba Ltd, to coordinate EKG services to the above named care facility. The cost of routine services is $40/resident (unlimited number of EKGs per visit). Cost of Urgent EKGs is $50/resident. Services are billed on a monthly basis.

_____ _____

Date _____ _____

Title: _____

PLEASE COMPLETE ALL THE ABOVE FIELDS AND FAX BACK TO US AT: 204-338-3275
No cover sheet required.