

## **GRMG Treatment Authorization – Employee Services**

Date of Referral:		
Business Name:		Address:
Phone:	Fax:	
Business Represen	tative Authorizing treatn	ment (print name):
Payment expect	ed at time of the ser	vice provided. For employer to pay for employee's visit,
please call with	credit card payment	t to 830.433.7816
Employee Name: _		DOB:
COVID—19 (May includ	Testing e Medical Evaluation	)
_	iness Representative tment and Payment	Date of Authorization
Clinic location:	un 16 Sto 101	Contact Numbers:
1761 S. State Hv	vy 40, 3le 104	Clinic Phone 830.433.7816

You must contact the Urgent Care Center 830.433.7816 to coordinate testing.

New Braunfels, Texas 78130