

Account Opening Form

Attn: _____

Date: _____

Dear Doctor,

Thank you for choosing the service of weHealth Medical Diagnostic & Endoscopy Centre. We would like to request you to provide information for account opening.

Doctor Name: _____ (Chinese: _____)

Certificate copies attached: A.P.C. M.P.S.

Company Name: _____ Use company name on bill? Y N

Business Registration (B.R.) No.: _____

Clinic Address: _____

Tel No.: _____ Fax No.: _____

E-mail Address: _____ Mobile No. (only for emergency): _____

Contact Person for billing matters: _____ Tel No.: _____

Billing or A/C Dept. address (if different to clinic address):

Kindly send this form, with your name card and a copy of your certificates of Business Registration (BR), Medical Protection Society (MPS), Annual Practicing Certificate (APC) to the following address:

Attn: Accounts Department
weHealth Medical Diagnostic & Endoscopy Centre
16 & 17/F Bright Growth Medical Centre, 335 Nathan Road, Kowloon.
Tel: 2111-0138 Fax: 2111-0816

Should you have any inquiries, please feel free to contact us at 2111 0138.

Yours truly,

weHealth Medical Diagnostic & Endoscopy Centre