



New Account Registration

Facility/Practice Information			
Facility/Practice Name:			
TMA Member Number:			
Shipping Address:			
City, State, Zip:			
Office Phone:		Fax:	
Physician of Contact Name:			
POC Email:			
POC Phone/Direct Number:			

Provider Information			
Name/Credentials	NPI#	License#	CLIA Certification

Office Hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Contact Us For Assistance:

(989) 450-8800

info@1111covidproject.com

Submit registration form to info@1111covidproject.com or Fax to (989) 793-5075

www.1111covidproject.com/members-tma

