



## National Urgent Care Center Accreditation

2813 S. Hiawassee Rd., Suite 206  
Orlando, FL 32835-6690  
Ph 407-521-5789 Fax 407-521-5790  
ucaccreditation.org

### Operations Manual Template Order Form

#### CONTACT INFORMATION

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Web:** \_\_\_\_\_

#### Price: \$400

For Urgent Care Centers in the Accreditation process, the price is \$200; include this order form with your Accreditation application

Include a Check payable to **National Urgent Care Center Accreditation (or NUCCA)** or pay by Credit Card:

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC/CVV2 Number \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

(if different from address above)

#### Send completed form (with payment) by mail to:

Cari Withrow  
National Urgent Care Center Accreditation  
2813 S. Hiawassee Rd., Suite 206  
Orlando, FL 32835-6690

#### by email to:

cwithrow@ucaccreditation.org

#### by fax to:

407-521-5790