



National Urgent Care Center Accreditation

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

Urgent Care Center Quality Assurance Checklist Order Form

CONTACT INFORMATION

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **ZIP** _____

Phone: _____ **Fax:** _____

Email: _____ **Web:** _____

Price: \$100

For Urgent Care Centers in the Accreditation process, the price is \$50; 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. Hiwassee Rd., Suite 206
Orlando, FL 32835-6690

by email to:

cwithrow@ucaccreditation.org

by fax to:

407-521-5790