



CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Kelley

FIRST NAME

Scott

LAST NAME

8033975115

CONTACT NUMBER

716-854-9845

ALTERNATE NUMBER

COMPANY DATA BASE

krmartin1912@gmail.com

EMAIL ADDRESS

Newport News
Pediatrics

COMPANY NAME

<http://www.chkd.org>

WEBSITE URL

11760 Rock Landing Dr

Address

Newport News

City

Virginia

State

23606-4204

ZIP Code

General Practice Medical Services

SIC DESCRIPTION

8511

SIC CODE

Subsidiary

ENTITY TYPE

Unknown

COMPANY SALES

688,700.02

REVENUE (USD)

Virginia

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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1782