

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Sylvia	Coussy
MR./MRS./MISS	FIRST NAME	LAST NAME
410-209-9444		410-866-8266
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA B	ASE
sylvia_cousey@cousey.org	Chw Medical	www.chwmedicalfoundation.com
EMAIL ADDRESS	Foundation COMPANY NAME	WEBSITE URL
1300 17Th St		
Address		
Roseville	CA	95661
City	State	ZIP Code
Health Services		
SIC DESCRIPTION		
8071		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		118,700
COMPANY SALES		REVENUE (USD)
Placer		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782