

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Helene	Rodsnosrgsr
MR./MRS./MISS	FIRST NAME	LAST NAME
626-461-8441		626-426-4907
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA BA	ASE
helene@aol.com EMAIL ADDRESS	Health Policy Associates, Inc	http://www.healthpolicyassociates.co WEBSITE URL
	COMPANY NAME	WEBSITE CKE
690 Cant St St 305		
Address		_
Westwood	Massachusetts	02090-2347
City	State	ZIP Code
Management and Related Consu	ılting Services	
SIC DESCRIPTION		
696		Independent
SIC CODE		ENTITY TYPE
\$500,000 to \$999,999		881,399.99
COMPANY SALES		REVENUE (USD)
Massachusetts		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		©
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782