

## CLIENT OPENING SURVEY FORM

MIT/MITS/MISS	Theola	Frsy
MR./MRS./MISS	FIRST NAME	LAST NAME
416-948-4768		416-647-6662
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA B	BASE
theola_frey@frey.com	Center For Palliative Care	www.hindshospice.org
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
70 Palm Ave		
Address		
Fresno	CA	93711
City	State	ZIP Code
Membership Organizations		
IC DESCRIPTION		
8621		Independent
SIC CODE		ENTITY TYPE
\$1,000,000 to \$4,999,999		1,125,200
COMPANY SALES		REVENUE (USD)
Fresno		YES
COUNTRY/REGION		MEDICAL INSURANCE
<b>Q</b>		•
JS Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208	d +1 (904) 117- 1782	