



**Please complete the below information**

<b>Employer Information</b>	
Employer Name	
Mailing Address	
Contact Name	
Contact Phone	
Contact Email	
Billing Contact	
Billing Phone	
Billing Email	

<b>Reporting Information</b>	
List names, job titles, and email address for all individuals to be included on <b>CareReport distribution</b>	
List names, job titles, and email address for all individuals to be included on <b>Test Result Distribution</b>	

Submit completed form to: [c.cabrera@encompass-hs.com](mailto:c.cabrera@encompass-hs.com)

**Please see contact information below for any questions or additional information needed:**

**CHERYL CABRERA, SHRM-CP | CO-FOUNDER & VICE PRESIDENT**

**DIRECT** 916-235-6143

**CELL/TEXT** 916-475-7384

**E** [c.cabrera@encompass-hs.com](mailto:c.cabrera@encompass-hs.com)