LINCOLN HARRIS CSG Corporate Services Group

TENANT INFORMATION FORM

Please complete and return by email to acharles@lpc.com.

PRACTICE NAME: _____ **# OF STAFF (Non-Physician)**_____

TENANT LOCATION ADDRESS: _____ **SUITE #**_____

City: _____ **State**: _____ **Zip**: _____

OFFICE MANAGER: NAME: _____ EMAIL: _____

BILLING NAME & ADDRESS: _____

City: _____ **State**: _____ **Zip**: _____

BILLING CONTACT: _____ **PHONE** (____) _____-_____

Email Statements? Y / N **Email address for Statements**: _____

Type of practice (specialty): _____ **# of Physicians**:_____

Physician Name(s): _____

_____

How often do you want Mgmt to check in with you & preferred contact type?: _____

PERSON AUTHORIZED TO REQUEST KEYS/ACCESS CARDS/WORK REQUESTS:

NAME: _____EMAIL:_____

Office PHONE (____)_____-_____ Backline PHONE (____)_____-_____

Office FAX #: (____)_____-_____

EMAIL address for BUILDING ALERTS: _____

Primary Contact (*during business and after hours*)

Emergency Contact Person(s): Name:_____ EMAIL: _____

Mobile (____)_____ Home or pager(_____)_____

Emergency Contact Person(s): Name: _____EMAIL:_____

Mobile (____)_____ Home or pager(_____)_____

Accounting Contact Person(s): Name:_____ EMAIL: _____

Mobile (____)_____ Home or pager(_____)_____

Updated by: _____ Date:_____ *Entered: ETS* _____ *TouchSource* _____