



CLIENT INFORMATION SHEET

CORPORATE INFORMATION				
Company Name				
D/B/A/ (if applicable)				
State of Formation/Incorporation				
Type of Entity	LLC	C or S Corp	PA	Other

ADDRESS FOR OFFICIAL CORRESPONDENCE	
No + Street	
City, State, Zip	
Website Address	
Current EHR	

CONTACT INFORMATION

AUTHORIZED REPRESENTATIVE (CONTRACT SIGNER)	
Full Name	
Title	
Phone	
Email	

PRIMARY CLIENT CONTACT	
Full Name (if different)	
Title	
Phone	
Email	

ADMIN & BILLING CONTACT	
Full Name (if different)	
Title	
Phone	
Email	