PRACTICE ANALYSIS

regenr8pro
Delivering Personalized Wellness

Health Consultants Name:		Today's Date:	

PRACTICE INFO:

Name:							
Billing Address:		City:		State:		Zip:	
Phone:		Fax:		Website:			
Shipping Address: (If Different from Billing)		City:		State:		Zip:	
Specialty:		Years At This Location:					
Patients Seen Monthly:		New Patients Seen Monthly:					
TIN:							

PROVIDER INFO:

Name:		Cell:	
Name:		Cell:	
Name:		Cell:	

PAYER MIX:

Commercial Payers:	%	Medicare:	%	Cash:	%

ADMINISTRATIVE/BILLING CONTACTS:

Practice Manager:		Cell:		Email:	
Practice Owner:		Cell:		Email:	
Regenr8 Program Mgr:		Cell:		Email:	

Signature