

PRACTICE OWNER/MANAGER IMPORTANT INFORMATION*

Access in one place to your practice's most important contacts.

PREPARED BY: _____

PRACTICE LEGAL NAME: _____

PRACTICE DBA: _____

Date: _____

1) OWNER'S INFORMATION

Name: _____

Home Address: _____

Office Address: _____

Email: _____ Cell: _____

2) HENRY SCHEIN FIELD CONSULTANT

Name: _____ Email: _____

Office Phone: _____ Cell: _____

3) PRACTICE LEGAL COUNSEL

Firm: _____

Contact Name: _____

Office Phone _____

Cell: _____ Email: _____

4) PRACTICE ACCOUNTING SERVICE

Firm: _____

Contact Name: _____

Office Phone: _____

Cell: _____ Email: _____

5) LICENSE/CERTIFICATION INFORMATION

License/Cert. #: _____ Type: _____

State: _____ Exp. Date: _____

License/Cert. #: _____ Type: _____

State: _____ Exp. Date: _____

License/Cert. #: _____ Type: _____

State: _____ Exp. Date: _____

License/Cert. #: _____ Type: _____

State: _____ Exp. Date: _____

6) DEA CONTACT INFORMATION

DEA License #: _____ DEA Phone: _____

Contact (if applicable): _____

Address: _____

Email: _____

7) DISABILITY INSURANCE CONTACT(S)

Company: _____ Policy #: _____

Contact: _____ Office Phone: _____

Cell: _____ Email: _____

Company: _____ Policy #: _____

Contact: _____ Office Phone: _____

Cell: _____ Email: _____

8) LIFE INSURANCE CONTACT(S)

Company: _____ Policy #: _____

Contact: _____ Office Phone: _____

Cell: _____ Email: _____

9) PRACTICE INSURANCE CONTACT(S)*Property & Casualty Insurance*

Carrier: _____ Policy #: _____

Contact Name: _____ Phone: _____

Email: _____

Other

Type: _____

Carrier: _____ Policy #: _____

Contact Name: _____ Phone: _____

Email: _____

10) PERSONAL BANKING CONTACT

Bank Name: _____ Account #: _____

Contact Name: _____ Office Phone: _____

Cell: _____ Email: _____

11) PRACTICE BANKING CONTACT(S)

Bank Name: _____ Account #: _____

Contact Name: _____ Office Phone: _____

Cell: _____ Email: _____

12) MERCHANT PROCESSING/CREDIT CARD PROCESSING

Company: _____ Merchant I.D. #: _____

Phone: _____ Email: _____

13) BUILDING MORTGAGE HOLDER CONTACT (IF APPLICABLE)

Contact Name: _____

Bank or Company Name: _____

Branch Location: _____ Account #: _____

14) BUILDING OWNER/LANDLORD (IF APPLICABLE):*Have a copy of your Lease Agreement on-hand.*

Company Name: _____

Address: _____

Lease Expiration Date: _____ Office Phone: _____

Cell: _____ Email: _____

15) WEBSITE INFORMATION

Web hosting Company: _____

Web hosting Co. URL: _____

Co. Phone Number: _____ Email: _____

Account Number: _____ User name: _____

Web Support (other) _____

Company Name: _____ Contact: _____

Phone: _____ Email: _____

Marketing Company: _____

URL: _____

Contact: _____ Phone: _____

Email: _____

16) PRIMARY STAFF CONTACTS

Name: _____ Job Title: _____

Cell: _____ Email: _____

Name: _____ Job Title: _____

Cell: _____ Email: _____

Name: _____ Job Title: _____

Cell: _____ Email: _____

Name: _____ Job Title: _____

Cell: _____ Email: _____

Name: _____ Job Title: _____

Cell: _____ Email: _____

Name: _____ Job Title: _____

Cell: _____ Email: _____

Name: _____ Job Title: _____

Cell: _____ Email: _____

17) PRACTICE VALUATION*Have a copy of your most recent Practice Valuation on-hand, if you have one.*

Date of most recent valuation: _____

Company Name: _____

Transition Sales Consultant: _____

Phone Number: _____ Email: _____

ADDITIONAL CONTACTS NOT OTHERWISE SPECIFIED

ADDITIONAL INSTRUCTIONS
