

# HBS

Healthcare Business Specialists

## CLIENT INTAKE FORM – RHC CONTACT INFORMATION

NAME OF CLINIC OR RHC

CLINIC PHYSICAL ADDRESS (FOR FED EX PACKAGES)

### POINTS OF CONTACT FOR THIS PROJECT

Please provide your contact information for the RHC management team. We will use this contact information to distribute information about the progress of the RHC Startup. We will only distribute financial information to the Point of Contact and Ownership/CFO.

POSITION	NAME	EMAIL ADDRESS
Point of Contact for RHC		
Physician Medical Director:		
Office Manager:		
Administrator:		
Nurse Practitioner/PA:		
Chief Financial Officer		
Part A Authorized Signer		
Other		
HBS – RHC Consultant	Dani Gilbert, CPA	<a href="mailto:Dani.gilbert@outlook.com">Dani.gilbert@outlook.com</a>
HBS – RHC Consultant	Mark R. Lynn, CPA	<a href="mailto:marklynnrhc@gmail.com">marklynnrhc@gmail.com</a>

**Reporting:** We will prepare a monthly progress report which will outline the activities that occurred on the project during the month and looks forward to the next month. We can schedule teleconferences and webinars on demand by calling Dani Gilbert at 423.650.7250.

**Invoices:** We invoice via email and those email invoices may be paid via online or if you prefer we can mail paper invoices. [dani.gilbert@outlook.com](mailto:dani.gilbert@outlook.com)