

COMPANY INFORMATION

Please complete ALL of the following information.

Company Information

Information for the company's Corporate Headquarters.

Name:

Street Address:

City and State:

Zip Code:

Phone Number:

E-mail:

Website:

Additional Location(s)

Repeat this information for each physical location within your organization.
(add additional pages as necessary)

Name: (ex: Coralville Office)

Street Address:

Street Address 2:

City and State:

Zip Code:

Name:

Street Address:

Street Address 2:

City and State:

Zip Code:

Name:

Street Address:

Street Address 2:

City and State:

Zip Code:

License Information

These individuals will have access to work within HIPAA Suite®.

License One – Contact Name:

Job Title:

Direct Phone Number:

E-mail:

Work Location Name:

License Two – Contact Name:

Job Title:

Direct Phone Number:

E-mail:

Work Location Name:

License Three – Contact Name:

Job Title:

Direct Phone Number:

E-mail:

Work Location Name:

Completed By:

Organization:

Name:

Title:

Signature:

Date: