

**PEARLAND MEDICAL PLAZA
10905 MEMORIAL HERMANN DRIVE, PEARLAND, TX 77584**

TENANT INFORMATION

Please complete and return via email to lhcs.g.fanninhp@lpc.com

Practice Name: _____

Address: _____ Suite # _____

City: _____ State: _____ Zip: _____

Office Ph.#: (____) _____ Backline Ph.# (____) _____

Billing Address: _____ Suite # _____

City: _____ State: _____ Zip _____

Billing Contact: _____

Email Address: _____ Phone #:(____) _____

Provider Name(s): _____

Office Manager: _____ Email Address: _____

Office Phone: (____) _____ Direct Line: (____) _____

PERSONNEL AUTHORIZED TO APPROVE SERVICE REQUESTS AND BILLABLE ITEMS

Contact Name: _____ Office (____) _____

Email: _____ Cell (____) _____

Contact Name: _____ Office (____) _____

Email: _____ Cell (____) _____

EMERGENCY CONTACTS

Emergency Contacts should be personnel that can be reached in the event of a building emergency

Emergency Contact 1: _____

Office (____) _____ Cell (____) _____ Home (____) _____

Emergency Contact 2: _____

Office (____) _____ Cell (____) _____ Home (____) _____

Emergency Contact 3: _____

Office (____) _____ Cell (____) _____ Home (____) _____