



Attn: Pam Corliss
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TELL US ABOUT YOUR PRACTICE:

Business Name:		Business TIN:
Clinic Name(s):		Practice NPI:
Street address:	Business Manager Name:	Email address:
Mailing Address (if different):	Business Manger Direct Phone: ()	Website:
City, State, Zip:	Business Phone Number: ()	Hours of Operation:
Breakdown of providers & staff: Physicians (DO/MD) # _____ Physician Assistant # _____ Nursing Staff (RN/ARNP) # _____ Medical Assistants # _____	Predominant Service Lines:	Electronic Medical Record in use? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, vendor? _____

PLEASE ANSWER A FEW QUESTIONS:

How did you hear about SignalHealth?(please check all that apply):

- Attended a presentation hosted by SignalHealth
- Contacted by a SignalHealth representative
- Heard about the organization
 - through a colleague
 - through a patient
 - Radio/TV
- Other: _____

SIGNALHEALTH INITIATIVE INTEREST:

SignalHealth is involved in many initiatives.

Please mark all that you would be interested in discussing at our first meeting:

- Payer contracting
- Clinical performance measures
- Patient care coordination
- Health Information Exchange system/Referral Management

NEXT STEPS:

A member of the SignalHealth team will contact the listed business manager within 48 hours of receiving this form. We will provide you with an informational packet and begin the process of arranging a face to face meeting. This visit can occur at your clinic, or at our office. Typically, we find the following attendees are useful at this first meeting- lead practitioner(s), clinic/business manager, and any other member of your administrative team you deem necessary.

We look forward to meeting you!
The SignalHealth Team