Return completed form to Healthcare Realty:

EMAIL ccastro@healthcarerealty.com

MAIL 7100 West 20th Avenue, Suite 302
Hialeah, Florida 33016

HEALTHCARE REALTY

Tenant Information Update

Changes to contact, billing and emergency information

Contacts

OFFICE

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Back line: _____ Fax: _____

Email: _____ Tenant cell number: _____

EXECUTIVE CONTACT

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

DAY-TO-DAY CONTACT

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

SURVEY CONTACT

Name: _____ Email: _____

CERTIFICATE OF INSURANCE (COI) CONTACT

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

Office information

OFFICE HOURS

M _____-_____ T _____-_____ W _____-_____ TH _____-_____ F _____-_____

SAT _____-_____ SUN _____-_____ Lunch hours _____-_____

EXTRA HOLIDAYS *(Dates office will be closed aside from New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day)*

_____

PERSONNEL

Tenant specialties: _____

Number of personnel Physicians: _____ Employees: _____ Patients/Clients: _____ /day (approximate)

Is there a subtenant in your suite? ☐ Yes ☐ No If yes, list name of subtenant: _____

Billing

Billing address: _____

ACCOUNTS PAYABLE CONTACT

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

In case of emergency

EMERGENCY CONTACTS

Name:	Cell phone:	Email

Is there an alarm in your suite? ☐ Yes ☐ No **If applicable, provide code:** _____

Has someone been designated to check suite doors/lights at end of business day? ☐ Yes ☐ No

PERSONS AUTHORIZED TO ENTER SUITE

List all persons authorized to enter your suite should they require assistance from Healthcare Realty. Attach page for more names.

_____ _____

_____ _____

_____ _____

Tenant Center access

Healthcare Realty offers office management shortcuts on the Tenant Center. Save time with automated rent payments, online service requests and more.

CONTACT	ACCESS	CONTACT	ACCESS
Executive Contact	☐	Accounts Payable Contact	☐
Day-to-Day Contact	☐	Emergency Contact #1	☐
Survey Contact	☐	Emergency Contact #2	☐
COI Contact	☐	Emergency Contact #3	☐

OTHER PERSON(S) THAT REQUIRE ACCESS

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Alt. phone: _____ Email: _____

AUTHORIZED BY:

Signature _____ **Date** _____

(Electronic signature represented by blue type)

Name (print) _____ **Title** _____