

# Tenant Information Update

Changes to contact, billing and emergency information

Return completed form to Healthcare Realty:  
**FAX** 901.747.0350  
**EMAIL** lbeck@healthcarerealty.com  
**MAIL** 6029 Walnut Grove Road, Suite 400  
 Memphis, Tennessee 38120

## 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.

|                |               |                |               |
|----------------|---------------|----------------|---------------|
| <b>CONTACT</b> | <b>ACCESS</b> | <b>CONTACT</b> | <b>ACCESS</b> |
|----------------|---------------|----------------|---------------|

|                    |  |                          |  |
|--------------------|--|--------------------------|--|
| 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** \_\_\_\_\_

