

FOCUS

PRACTICE MANAGEMENT

Service Inquiry Form

About your Business

For any questions you are unsure of, please put N/A.

Company name* _____

Company Address _____

Company Phone* _____

Business Industry _____

Type of Business Entity (ex. LLC) _____

How many employees does your business employ currently? _____

Point of Contact

First Name* _____

Last name* _____

Email* _____

Phone _____

Preferred Form of Contact (ex. phone call) _____

Business Objectives

What Package(s) are you considering? *

<input type="checkbox"/>	Reception
<input type="checkbox"/>	Office Space
<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Finance
<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Recruitment
<input type="checkbox"/>	IT-Technology
<input type="checkbox"/>	Training
<input type="checkbox"/>	Medical Credentialing

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What is your primary business objective?

<input type="checkbox"/>	Business Growth
<input type="checkbox"/>	Brand Awareness
<input type="checkbox"/>	Staffing
<input type="checkbox"/>	Administrative Assistance
<input type="checkbox"/>	Business Maintenance
<input type="checkbox"/>	Business Start-up
<input type="checkbox"/>	Business Completion
<input type="checkbox"/>	Other

Please specify what services? (ex. finance: billing)

Additional Questions or Comments
