

The Owl Advantage, LLC 3655 Kimberly Creek Lane Green Cove Springs, FL 32043

OFFICE START DATE:
CONSULT DATE:

OFFICE: (833) 695-8326 | DIRECT FAX: (833) 548-0787

OFFICE ADDRESS: CITY: STATE: ZIP CODE: OFFICE PHONE: OFFICE EMAIL: TAX ID#: OWNER(s) NAME:  PROVIDER NAME:  PROVIDER NAME:  DIRECT EMAIL: CELL#: NPI#: LICENSE#: LICEN	OFFICE NAME:						
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ARE YOU UTILIZING	FEE SCHEDU	JLES?: OY ON			
MEDICAL CLAIMS?:					
EOD REPORT TIME:_		DOES THE OFFI	CE RUN EOM? OY	□N   IS EOM UP TO DATE? □Y □N	
					_
WEEKLY SCHEDULE:					
			<ul><li>SATURDAY</li></ul>	HOURS:	
				HOURS:	
□ WEDNESDAY HOURS					
<ul><li>THURSDAY</li></ul>					
□ FRIDAY					
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NOTES:					
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OWL TEAM USE ONLY			AE-		
DATE:	OWLI	EAM MEMBER NAI	ME:		
INSURANCE AGING		PATIENT AGING	COLLECTI	ON RATIO:	
0-30:		)-30:			
31-60:	3	31-60:	_		
61-90:		51-90:	_		
90+:		90+:			
TOTAL INSURANCE:		ΓΟΤΑL AR:	_		

## **OWL TEAM USE ONLY NOTES:**

