

Client Intake Form

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| Client Information | |
| Client Number |  |
| Client Name | ClarityCCM, LLC |
| Client Address | 5856 S. Lowell Blvd., Suite 32-241 |
| Client City, State and Zip | Littleton, CO 80123 |
| Client Tax ID | 85-1118712 |
| Client Patient Population Count | Estimate 600 at first practice |
| Client Start Date | 6-29-20 |
| Client Track |  |
| Prospective or Preliminary Prospective Attribution? | Dr. Julian Ungar-Sargon  Neurology and Pain Management |
| Point of Contact/SO | |
| Point of Contact Name (First and Last) | Andrew Dombro, MD |
| Title | Chief Medical Officer |
| Email | adombro@clarityccm.com |
| Phone | 303-552-7679 |
| Secondary Contact | |
| Point # 2 of Contact Name (First and Last) | Terry White |
| Title | CEO |
| Email | twhite@clarityccm.com |
| Phone | 303-887-1209 |
| Billing Contact | |
| Billing Point of Contact Name (First and Last) | Jeff Eitel |
| Title | CFO |
| Email | jeitel@clarityccm.com |
| Phone | 303-882-4888 |
| Health Endeavors Internal Use | |
| Agreement Signed Date |  |
| BAA Signed and Submitted Date |  |
| All Files In (Y/N) |  |
| Training Scheduled (Y/N) |  |
| Kickoff Call Date |  |
| JIRA Project |  |
| MFT Access (Y/N) |  |