THE HEALTHCARE MAGAZINE FOR EXECUTIVES

THE Remington® REPORT

30100 Town Center Drive, Ste 421
Laguna Niguel, CA 92677
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Company Name: ______________________ ❒ For Profit ❒ Non-Profit

Name: ______________________ Nurse: ❒ Yes ❒ No

Title: ______________________

Address: ______________________

City: ______________ State: ______________ Zip: ______________

Phone: (   ) ______________ Fax: (   ) ______________

E-Mail: ______________________

Please Fill-in For Future Renewal Notices • E-Mails Are Confidential To The Remington Report.

1. Type of Organization/Services
(check all that apply)

- ❒ Hospital System
- ❒ Hospital-based HHA
- ❒ Freestanding HHA
- ❒ DME/Respiratory
- ❒ Home Infusion
- ❒ Hospice
- ❒ Private Duty
- ❒ Long-term Care
- ❒ Government
- ❒ Other (specify) ______________

2. Number of Visits Per Year: ______________
(Medicare Certified Agency: ❒ **YES** ❒ **NO***)*

3. Agency Size

- ❒ Revenues < $4.9 million per year
- ❒ Revenues $5 million – $9.9 million per year
- ❒ Revenues > $10 million per year

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