



CONTACT LIST

NURSING FACILITY:

Person(s) responsible for ordering supplies:

_____	_____	_____	_____
(name)	(phone number)	(ext)	(email address)
_____	_____	_____	_____
(name)	(phone number)	(ext)	(email address)

Person (s) responsible for documentation and paperwork:

_____	_____	_____	_____
(name)	(phone number)	(ext)	(email address)
_____	_____	_____	_____
(name)	(phone number)	(ext)	(email address)

CLOCK MEDICAL SUPPLY, INC.

Person responsible for third party insurance account:

_____	1-800-362-1314	_____	_____
(name)		(ext)	(email address)

Backup person responsible for third party insurance account:

_____	1-800-362-1314	_____	_____
(name)		(ext)	(email address)

Salesman responsible for account:

_____	1-800-362-1314	_____	_____
(name)		(ext)	(email address)

CLOCK MEDICAL SUPPLY INC.
PO BOX 620
WINFIELD, KS 67156

1-800-362-1314