

## **CONTACT LIST**

## **NURSING FACILITY:**

## Person(s) responsible for ordering supplies:

(name)	(phone number)	(ext)	(email address)
(name)	(phone number)	(ext)	(email address)
erson (s) responsible for documen	tation and paperwork:		
(name)	(phone number)	(ext)	(email address)
(name)	(phone number)	(ext)	(email address)
rson responsible for third party i	nsurance account: 1-800-362-1314		
rson responsible for third party i	nsurance account: 1-800-362-1314(ex	<u>(t)</u>	(email address)
LOCK MEDICAL SUPPLY, INC erson responsible for third party i (name) ackup person responsible for third	nsurance account: 1-800-362-1314(ez d party insurance account:	<u>(</u> , , , , , , , , , , , , , , , , , , ,	(email address)
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