Leslie Millan · HCPS

PARTNERSHIP INQUIRY

Let's Explore Working Together

Tell us about your practice and coding needs. We'll follow up within 1-2 business days.

CONTACT INFORMATION

Contact Name

Title / Role

Practice / Organization Name

Email Address

Phone Number

PRACTICE DETAILS

Practice Size / Monthly Encounter Volume

Current EHR System

INTERESTED IN (select all that apply)

- ☐ Ongoing Coding Partner
- ☐ Chart Audit & Compliance Review
- ☐ Risk Adjustment / HCC Support
- ☐ Training & Team Consulting

TELL US ABOUT YOUR NEEDS

PREFERRED CONTACT METHOD

- ○ Email
- ○ Phone

How to submit: Save this completed PDF and email it to contact@lmhcpsolutions.com