



Provider Profile

Please verify that the information is correct, make necessary changes and email back to Merrill Boehmer, mboehmer@lincolnhc.com, by **Friday, May 11th**. Thanks.

Company: _____

Address: _____

Phone: _____
Fax: _____

Website: _____

Attended Previously: Yes

Executives Attending LINK:

Name & Title: _____
Name & Title: _____
Name & Title: _____
Name & Title: _____

Company Statistics:

Provider Type (Check all that apply): SNF AL IL CCRC Other

Profit Status: For Profit

Total # of Beds or Units (owned or managed): _____

Total # of Facilities (owned or managed): _____

#SNF: _____ **#AL:** _____ **#IL:** _____ **#CCRC:** _____ **Other:** _____

Facilities Under Development: _____

Est. 2009 Total LTC Revenue: _____ Million

Please List States You Operate In: _____

Company Description: Please give a 4-6 sentence description of your company so that suppliers may have an initial understanding of your important business issues and your company culture.

Additional Information: To help suppliers understand specific attributes and differentiators for your company, please answer the following questions.

What are your competitive strengths/what makes you unique as a provider?

What are your growth plans in the future – your overall goals and anything specific you want to mention about acquisitions, development or ancillary product lines?

What do you appreciate/value about your very best current suppliers?

What are some of your biggest operational challenges?
