

Practice Name:  
Address:

Phone Number:

### Practice Consultation Worksheet

Annual or Monthly Charges? \_\_\_\_\_ Receipts? \_\_\_\_\_

Number of Doctors \_\_\_\_\_ Medical Specialty/Specialties \_\_\_\_\_

Number of Procedures Performed per Month \_\_\_\_\_ Receipt per Procedure \_\_\_\_\_

Total Accounts Receivable \$ \_\_\_\_\_

Aging Accounts Receivable 120+ days \$ \_\_\_\_\_

Insurance Billing \_\_\_\_\_ % Paper \_\_\_\_\_ % Electronic

Payer Mix	PPO	_____ %
	HMO	_____ %
	Medicare	_____ %
	Medicaid	_____ %
	Patient	_____ %
	Work Comp	_____ %
	Other	_____ %
Capitation	_____ %	

Patients seen per day by doctor? \_\_\_\_\_

Hospital services provided? Y/N

Surgical services? Y/N  
Type of Surgery? \_\_\_\_\_

Do Managed Care Payments Agree with Contract Rates? Y or N

Number of Statements per Month? \_\_\_\_\_

Planned changes in practice that may impact billing? \_\_\_\_\_

Are procedure (CPT) and diagnosis (ICD-9-CM) codes numerically coded by doctor or practice? \_\_\_\_\_

Currently, who performs CPT coding of services? \_\_\_\_\_

What is the goal of making changes to your billing process? \_\_\_\_\_

**For a Practice Analysis and Proposal including fees, please complete this form and return it by FAX to (866) 441-4306**