



Billing and Reimbursement Management Services

Thank you for your interest in our Billing and Reimbursement Management services. The following information is needed to determine service fees for these services. Please return the requested information below at your earliest convenience and a proposal will be returned for your review and consideration. Please do not hesitate to contact us at 800-720-9183 (main office) or 601-573-1826 (Dave's cell) with any questions you may have while gathering the information requested.

Statistics below are based on actual billing records. Statistics based on estimates for future.

Name of Practice:	
Address:	
City, State Zip:	
Phone:	
Fax:	
Email:	
Website:	
Contact Name/Title:	
Current PM Software:	
Current EMR Software:	
Are you using an ASP to host your server(s): If so, which application?	
Are you outsourcing billing now?	
Number of Providers: Full time: Part-Time	
Number of providers by specialty: (list specialties)	
Number of users (excluding the providers above):	
Number of clinics?	
Last 6 months total charges:	
Last 6 months total receipts:	
Last 6 months total adjustments:	
List your top 10 procedures: (by CPT code, if possible)	
Payor Mix: (ex. Medicare x%, Medicaid x%...)	
Average # patients seen in clinic per provider per day:	
Average # of procedures/surgeries/visits in hospital per day per provider:	
Any anticipated changes in provider staff over the next year, if applicable:	