

CHC Name:

IMPROVING PHYSICIAN REVENUE SINCE 1995

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Address:			
Email:			
Phone Number:			
	Practice C	Consultation Worksheet	
Annual or Monthly	Charges?	Receipts?	
Number of Doctors per Spec	ialty		
Medical	Ž		
Family Practice			
Internal Medicine			
OB/GYN			
Pediatrics			
Podiatry			
Dental			
Behavioral Health			
Other	<u> </u>		
Number of Doctors			
Number of Procedures Performed per Month		Receipt per Procedure	
Total Accounts Receivable \$			
Aging Accounts Receivable 120+ days \$			

Work Comp Capitation

Sliding Scale

Other

Patients seen per day by doctor?

Hospital services provided? Y/N

PPO

HMO

Patient

Medicare Medicaid

Surgical services? Y/N

Payer Mix

Type of Surgery?

Use EHR? Y/N Name of EHR_____

Number of Statements per Month? _____

Insurance Billing _______ % Paper ______ % Electronic

Planned changes in practice that may impact billing?

Are procedure (CPT) and diagnosis (ICD-10-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 Proposal including fees, please complete this form and return it by FAX to (866) 441-4306.