



Practice Analysis Form

Practice Name: _____ Specialty: _____

State: _____ Phone: _____ Fax: _____

Contact Name: _____ Email: _____

How many providers in the group? _____ How many clients do you see weekly? _____

Is your current billing done by an: in-house biller or outsourced (billing service)

If outsourced why the interest in changing? _____

If in-house are you planning to keep your staff? _____

What major problems are you currently facing with your billing structure? _____

What Practice Management System are you currently using? _____

What clearinghouse are you currently using? _____

What amount is outstanding on your AR? 0-90 days _____ over 90 days _____

How often are you submitting claims? _____ Are you doing up front collections? _____

What service are you interested in:

Full Practice AR Recovery Claims Submissions Credentialing

Please fax the completed form to **866-473-0576** We will contact you within 24 hrs.