



P: (904) 878-1105 F: (904) 398-7871

Group / Business Name: _____

Contact Name: _____ **Contact Number:** (____)____-_____

Number of Providers: _____ **Specialty:** _____

EMR: _____

Accepting Cash Pay Only: YES / NO

Names of Current Payers: _____

Practice Size & Services

Number of Providers:

MD/DO _____

Mid-Levels & Type _____

Most Common Services Billed For:

E/M Codes: _____

Procedures (if any): _____

Other: _____

Number of projected encounters/claims per month _____

Services Interested In:

- _____ Full revenue cycle management services
- _____ Insurance Verification
- _____ Coding, Creating, & Submitting Claims
- _____ Claim Creation of Already Coded Encounters
- _____ Denials/Appeals Management
- _____ Insurance Payment Posting
- _____ Documentation Requirements Consultation
- _____ Patient Billing/Statements