



## Practice Intake Form

### 1. Practice Information

Practice / Facility Name: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Practice Address: \_\_\_\_\_

### 2. Technology & Systems

Which Electronic Health Record (EHR) system does your practice currently use?

\_\_\_\_\_

Which Practice Management System are you using? \_\_\_\_\_

Which Clearinghouse do you use for claims submission (if applicable)? \_\_\_\_\_

### 3. Patient & Procedure Volume

Approximate patients seen per week: \_\_\_\_\_

Approximate patients seen per month: \_\_\_\_\_

Procedures/surgeries per week (if applicable): \_\_\_\_\_

Procedures/surgeries per month (if applicable): \_\_\_\_\_

### 4. Collections & Revenue

Average Monthly Collections: \_\_\_\_\_

Prefer not to disclose

Estimated Annual Collections: \_\_\_\_\_

Prefer not to disclose

### 5. Insurance Mix

Which insurance plans does your practice currently accept? \_\_\_\_\_

Insurance-based patients: \_\_\_\_\_ %

Self-pay / Cash-pay patients: \_\_\_\_\_ %

### 6. Credentialing

Do you have a current list of insurance plans your providers are credentialed with?

Yes  No  In progress

If credentialing services are required, how many insurance payers would you like us to onboard with?

Number of insurance plans: \_\_\_\_\_

Preferred insurance payers (if known): \_\_\_\_\_

### 7. Billing Performance

How is your billing currently managed?

In-house billing staff

External billing company

Hybrid (in-house + outsourced)

If outsourced, current billing provider: \_\_\_\_\_

## 8. Revenue Cycle Performance

Approximate age of your current Accounts Receivable (A/R):

- Under 30 days    30–60 days    60–90 days    Over 90 days    Not sure

## 9. Billing Challenges

Biggest billing challenges (check all that apply):

- Claim denials
- Slow insurance payments
- Patient collections
- Coding accuracy
- Staff workload
- Reporting & transparency
- Credentialing issues
- Other: \_\_\_\_\_

## 10. Practice Growth Plans

Plans in the next 12–24 months (check all that apply):

- Hiring additional providers
- Expanding services or procedures
- Opening a new location
- Increasing patient volume
- No major changes planned

## 11. Practice Revenue Review

Would you be interested in a complimentary revenue cycle review to identify opportunities to improve collections and reduce denials?

- Yes    No    Open to discussion

## Acknowledgment

I certify that the information provided is accurate to the best of my knowledge.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_