

MD Quality Billing, LLC

OFFICE PROFILE

Provider Name _____

Provider Address _____

Specialty _____ # of Providers _____

Of Office Staff _____ # Of Patients Seen Daily _____

Of Active Accounts _____ # Of Procedures Per Pt. _____

How many claims per month of each of the following do you send?

Medicare _____ Medicaid _____ Tricare _____ BC/BS _____

Commercial _____ HMO _____ Private Payer _____

Total insurance claims processed each month _____

What is the average submitted dollar amount per claim? _____

How many patient statements do you prepare and submit per month? _____

What is your insurance rejection rate?

0-10% _____ 10-20% _____ 20-30% _____ More _____

Outstanding Account Receivable (A/R)

0-30 days _____% 30-60 days _____% 60-90 days _____% 90-120 days _____% 120+ _____%

Do you currently use electronic claims processing for:

Medicare _____ Medicaid _____ Tricare _____ BC/BS _____ Commercial _____ None _____

Insurance Carrier Participation

Medicare ____ Medicaid ____ Tricare ____ BC/BS ____

Commercial _____

What Insurance Carrier do you have problems with if any? _____

Do you have any Insurance Carrier that is more difficult to obtain payment from than others? _____

If so, who? _____

Do you generally have claims that need to be resubmitted? _____

If so, which Insurance Carrier? _____

Do you submit secondary claims? _____

On average, how long does it take to receive payment on your claims?

Less than 2 weeks ____ 2-4 weeks ____ 4-6 weeks ____ Longer ____

Do you receive payment directly from Insurance Carrier or does the patient receive it?

The American Medical Association (AMA) estimates the cost to the provider for preparation and submission of paper claims, including the cost of overhead, time, and benefits, to be \$8-\$15. How would you estimate your costs?

Less than that range ____ In that range ____ More than that range ____

Do you have personnel whose time is devoted totally to claims processing? _____

How much time is spent on claims processing? _____

How much time is spent in follow-up of unpaid claims? _____

Do you appeal claims? _____ **If Yes, how often?** _____

Do you currently use a Superbill? _____ **If so, may I have a copy (to check for updated coding etc.)**

Have you ever been audited? _____ **If Yes, by whom?** _____

What would you say is your largest problem overall in your billing activities? _____

Is there more than one office location? _____ If Yes, where? _____

City

State

Zip

Additional Information
