



**JAYNE'S PRACTICE MGMT. & BILLING
CONSULTING SERVICES LLC
CONSULTATION & SERVICE PROPOSAL REQUEST**

Tell us about your organization and the services you need. We will review your request and contact you about next steps.

01 CONTACT & ORGANIZATION

Organization / law firm	Contact name & title
Email address	Phone number
City & state	Preferred contact method

02 SERVICE REQUESTED

- ☐ RCM Consulting / Optimization ☐ Third-Party Coding or Billing Production
☐ Independent Coding / Compliance Audit ☐ Expert Billing Review / Litigation Support
☐ Credentialing / Payer Contracting ☐ Training / Other: _____

03 PROJECT OVERVIEW

Primary challenge or requested deliverables:

Preferred start date	Desired completion / key deadline
Estimated project size / volume	Budget range (optional)

04 ENGAGEMENT PRIORITIES

- ☐ Reduce denials ☐ Improve collections / A/R ☐ Coding accuracy / compliance
☐ Increase production capacity ☐ Independent findings / expert report ☐ Other

05 PRIVACY & SUBMISSION ACKNOWLEDGMENT

Do not include patient records, protected health information (PHI), privileged case materials, or other sensitive files in this initial request. Secure transfer arrangements, conflict screening (for litigation matters), engagement terms, and a Business Associate Agreement (when required) will be addressed separately.

☐ I authorize the company to contact me regarding this request. I understand that submitting this form does not establish a consulting or expert engagement.

Submitted by / signature (if printed)	Date
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