



JAYNE'S PRACTICE MANAGEMENT & BILLING CONSULTING SERVICES LLC

CLIENT INTAKE & RCM DISCOVERY

Practice profile / Service selection / Performance baseline

◆ Before you begin

Complete applicable business fields only. Do not include patient identifiers, medical records, Social Security numbers, passwords, or PHI. Secure record exchange and a BAA will be arranged when required.

01 ORGANIZATION & CONTACT

Legal business / DBA: _____

Facility / specialty: _____

Locations / states: _____ Website: _____

Contact / title: _____

Email / phone: _____

02 SERVICE PATHWAYS — SELECT ALL THAT APPLY

▣ Consulting & optimization

☐ RCM assessment ☐ Workflow redesign ☐ KPI reporting ☐ Contract review

▣ Third-party production

☐ Coding ☐ Billing / claims ☐ Denials / A/R ☐ Credentialing

◆ Independent audit

☐ Coding / CDI ☐ HCC / RADV ☐ Compliance ☐ Audit defense

🔍 Expert review & litigation

☐ UCR / billing review ☐ Expert report ☐ Attorney support

03 PRACTICE SNAPSHOT

Providers / locations: _____ Monthly visits / claims: _____

EHR / practice management / clearinghouse: _____

Billing model: ☐ In-house ☐ Outsourced ☐ Hybrid

Payer mix / top payers: _____

Main challenges: ☐ Denials ☐ A/R ☐ Collections ☐ Coding ☐ Staffing

04 KPI BASELINE & TARGET OUTCOMES

Use the last three complete months when possible. Leave unavailable measures blank; define denominators and exclusions at kickoff.

MEASURE	CURRENT	TARGET	SOURCE
Net days in A/R			
A/R >90 days (%)			
Clean claim rate (%)			
Initial denial rate (%)			
Remittance denial rate (%)			
Net collection rate (%)			
First-pass resolution (%)			
Monthly net collections (\$)			
Coding audit accuracy (%)			
Cost to collect (%)			

05 OUTCOMES & MEASUREMENT

Priority outcome / deadline:
Reporting period / data owner:
Reporting cadence: ☐ Weekly ☐ Monthly ☐ Other:
Constraints / dependencies:

06 READINESS & NEXT STEPS

◆ Privacy & data readiness

☐ Compliance program ☐ Payer audit ☐ BAA needed ☐ Secure exchange ☐ System access ☐ AI / automation in workflow

Project sponsor:
Desired start:
Reports available: ☐ A/R ☐ Denials ☐ Collections ☐ Coding QA

07 AUTHORIZATION

I am authorized to submit the business information provided for a preliminary assessment. This form does not create a consulting engagement, grant system access, or authorize PHI disclosure.

Representative / title:
Signature / date: