



PLEXUS HEALTH SOLUTIONS INC.
NEW CLIENT QUESTIONNAIRE

- 1) Last year's gross billing \$ _____
- 2) Last year's revenue \$ _____
- 3) Percentage of your practice: Medicaid Medicare Other
- 4) Number of encounters last year _____
- 5) Current Accts. Rec (Include debits/credits) \$ _____
- 6) A/R that is over 120 days old; \$ _____ and _____% over 120 days
- 7) Do you currently use modifiers? YES NO
- 8) How many DDS's _____, MD's _____, PA's _____, NP's _____, Ph.D's _____
- 9) Number of above full time _____ part time _____
- 10) Do you currently take credit cards / e-checks for patient payments? YES NO
- 11) How many locations do you service? _____
- 12) Do you use a collections agency, if so, which one? _____
- 13) When was the last time you raised your fees? _____
- 14) Do you charge interest in patient past due accounts? YES NO
- 15) Do you pre-qualify patients and their insurance coverage? YES NO
- 16) Do you perform labs/x-rays in your office? YES NO
- 17) What specialties do you perform? _____
- 18) Do you handle W/C or MVA claims? YES NO
- 19) Do your services require authorizations / referrals? YES NO
- 20) Do you provide non-emergency transportation? YES NO

Mark S. Bourque, CFO



PLEXUS HEALTH SOLUTIONS INC.

21) What are your office hours? _____

22) Who will be our day-to-day contact at your office? _____

23) What software system do you use? _____

24) Do you currently use an EMR product? YES NO

25) Do you currently use an E-Rx product? YES NO

26) Do you perform on-site chart audits? YES NO

27) How do you credential for new plans or re-certify for current plans?

28) Are you an FQHC? YES NO

29) Are you a Birth-to-3 Program? YES NO

Name of your corporation/clinic/office:

Person to contract regarding this information:

Phone # / email:

Today's Date: _____

Please email to: info@plexushealthsolutions.com

Mark S. Bourque, CFO