



**RCM Billing  
Services, LLC**

**Complete this survey in full to receive your free service now!**

**Provider Survey**

Providers Name \_\_\_\_\_ Specialty \_\_\_\_\_

Name and title of person completing survey \_\_\_\_\_

Is your office currently utilizing an outside billing party? \_\_\_\_ Yes \_\_\_\_ No

If Yes, would you say you are pleased with the service you are receiving? \_\_\_\_ Yes \_\_\_\_ No

If No, is your office filing their insurance electronically? \_\_\_\_ Yes \_\_\_\_ No

If filing electronic are you able to send commercial as well as Medicare, Medicaid, BCBS electronically?  
\_\_\_\_ Yes \_\_\_\_ No

If your billing is currently being done in-house, how much of the day would you say is being spent on billing or patient accts? \_\_\_\_\_

What is the average time frame in which you receive payments from the insurance company?

\_\_\_\_ Within 14 days \_\_\_\_ Within 30 days \_\_\_\_ Within 60 Days \_\_\_\_ Over 60 days

What is the average dollar amount billed from your office each month? \$ \_\_\_\_\_

What is the average dollar amount collected by your office each month? \$ \_\_\_\_\_

What is the average percentage of rejected claims you receive per month \_\_\_\_\_%

Would your office benefit and run more efficiently if you had someone to concentrate on billing, leaving your office staff free to deal with other office procedures or patient care?

Which of the following free services would you be interested in?

\_\_\_\_ AR / Denial Management \_\_\_\_ Patient Services \_\_\_\_ Referral / Utilization Review

Would you like us to contact you to schedule a free consult so that we can show you how EZ RCM Billing Services, LLC can maximize your reimbursement and remove the stress from your office?

\_\_\_\_ Yes \_\_\_\_ No

**Thank you for taking the time to complete this survey!  
Kindly fax this survey back to (843) 970-2383 now to receive the free service you requested!  
We are looking forward to servicing your reimbursement needs now or in the future!**

