



# RCM Billing Services, LLC

## COST ANALYSIS SURVEY

Please complete the following survey and return by fax to (843) 970-2383 or by mail to EZ RCM Billing Services, LLC 710 Sequoia Street Charleston, SC 29407. If you have any questions, please call (843) 931-0500

PRACTICE NAME \_\_\_\_\_

PRACTICE TYPE/SPECIALTY \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

OFFICE MANAGER/PRACTICE MANAGER'S NAME \_\_\_\_\_

PRACTICE/OFFICE MAILING ADDRESS \_\_\_\_\_

APPROXIMATELY HOW MANY ACTIVE PATIENT DOES YOUR OFFICE HAVE? \_\_\_\_\_

APPROXIMATELY HOW MANY PATIENTS ARE SEEN PER DAY \_\_\_\_\_ PER WEEK \_\_\_\_\_

APPROXIMATELY HOW MANY MANAGED CARE PLANS ARE YOU CONTRACTED WITH? \_\_\_\_\_

CAN YOU LIST THE MANAGED CARE PLANS YOU ARE CONTRACTED WITH?

\_\_\_\_\_  
\_\_\_\_\_

AVERAGE NUMBER OF CLAIMS PER MONTH? \_\_\_\_\_

AVERAGE BILLED AMOUNT PER CLAIM? \_\_\_\_\_

WHAT IS THE BIGGEST PROBLEM YOU OR YOUR BILLING STAFF IS CURRENTLY EXPERIENCING?

\_\_\_\_\_

DO YOU EXPERIENCE A LOT OF REJECTED CLAIMS?  YES  NO

DO YOU CURRENTLY HAVE A BACKLOG OF CLAIMS?  YES  NO

AVERAGE BACKLOG? \_\_\_\_\_

HOW DOES YOUR OFFICE PROCESS CLAIMS?  MANUAL  ELECTRONIC

HOW MANY IN YOUR OFFICE CURRENTLY WORK ON THE BILLING IN YOUR OFFICE? \_\_\_\_\_

WHAT IS THE AVERAGE HOURLY WAGE OF EACH EMPLOYEE? \_\_\_\_\_

DO YOU USE AN OUTSIDE BILLING SERVICE TO PROCESS CLAIMS?  YES  NO

ARE YOU SATISFIED WITH THIS SERVICE?  YES  NO

WOULD YOU LIKE TO REDUCE THE TURN AROUND TIME FOR REIMBURSEMENT?  YES  NO

WOULD YOU CONSIDER AN OUTSIDE BILLING SERVICE?  YES  NO

IF NO (PLEASE ELABORATE) \_\_\_\_\_

SURVEY FILLED OUT BY \_\_\_\_\_ TITLE \_\_\_\_\_

**We appreciate the time and effort put forth by your office for completing this survey.**