

Stanford Medical Billing Service, Inc

New Client In-Take Form

| | |
|-----------------------------|-------------------------|
| Practice Name: | Primary Contact: |
| Number of Providers: | Name: _____ |
| _____ | Phone: _____ |
| Number of Mid-levels | Email: |
| _____ | _____ |

| | |
|--|--|
| Specialties | |
| Number of providers in the practice | |
| How are billing functions currently being provided? | |
| Average monthly gross revenue billed | |
| Average monthly collected income from billings | |
| Average monthly claims submitted? | |
| How would you prefer to view monthly reports? | |
| Do you currently utilize an EHR? If so which one? | |
| Who is your IT company? | |
| Do you require the billing service to have an "operational compliance plan" in place? | |
| Do you require the billing service to maintain "errors & omission" insurance? | |
| Do you require a formal "disaster recovery" plan from the billing service? | |
| Growth: What are your short/long term plans? | |
| Do you have multiple locations? | |

Stanford Medical Billing Service, Inc

New Client In-Take Form

| | |
|---|--|
| Do you have a financial policy in place? | |
| Will you need Credentialing/Contracting and Negotiating? | |
| Will you need chart auditing? | |
| Will you need verification and eligibility? | |
| How soon are you looking to transition? | |