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In order for us to provide a more accurate quote, please print and fax this form to: **609-259-0982**

Download/print : [Practice Information Forms](#)

NetProphets Medical Billing - Practice information Forms *Please complete this introductory survey, and fax to our office so we may provide you with a competitive quote.*

Date: _____

Name of Provider: _____

Specialty: _____

Name of Practice: _____

Address: _____

Phone: _____

Fax Number: _____

E-mail address: _____ Website: _____

How long has the provider been in practice at this location? _____

Are there other providers working for this practice?

No _____ Yes _____ If yes,

Name/Specialty _____ Name/Specialty _____

Name/Specialty _____ Office Manager: _____

Office Hours: _____

Taking New Patients? Yes _____ No _____

Average number of patients per week: _____ Current Dollar Amount on the Practice Accounts Receivables? _____

AND/ OR: Average collected Receipts monthly? _____

Average claims per month? _____ Average price per claim? _____ Approximate number of active accounts? _____

What is your insurance rejection rate? 0-10% _____ 10-20% _____ 20-30% _____ How many Patient

Statements do you send (or plan to send) each month? _____ Approximate Breakdown of Patient Types per week:

Self Pay: _____

Workers' Comp: _____

Auto: _____

Government: _____

Medicare: _____

Medicaid: _____

Commercial Par: _____

Commercial Non-Par: _____

HMO Par: _____

HMO Non-Par: _____

Blue Cross/Blue Shield: _____

Does provider collect copays at time of service? _____

Does provider collect deductibles at time of service: _____ Number of office staff: _____

Does Staff work accounts receivables? _____

Does Staff submit claims? _____

If no, who does: _____

Does Provider bill self pay patients? _____

If not, who does? _____

How do self pay patients pay? _____

Approximate number of mail returns per week? _____

Does provider bill secondary insurance carriers? _____

Does provider use a collection agency for delinquent accounts? _____

If Yes, Name of Agency: _____

Percentage Amount Collection Agency Invoices: _____
How old is the account when sent to the collection agency? _____

Does Provider Have Contracts any HMO? Yes___ No___
If Yes, which? _____

Contracts with Non-HMO Carriers?
Yes: _____ No: _____ If Yes, which ones? _____

Is provider Capitated with any Carriers? Yes___ No___
If yes, which ones? _____
Does Provider have contracts that have timely filing limits of 120 days or less? Yes ___ No _____

Does Provider use Lockbox? Yes _____ No _____
If Yes, Name of Bank: _____

Does Provider have financial Plan: Yes___ No_____

Does provider have "Assignment of Benefits" form? Yes___ No___
If Yes, is form signed by patient/guardian at time of service? _____

Does provider have Time Payment Plans? Yes ___ No ___
Does Provider have compliance plan? Yes ___ No ___
When was fee schedule last updated? _____
When was Superbill Updated? _____ Does the provider send claims electronically? _____
Which clearinghouse is currently being used: _____

Is provider affiliated with a hospital(s)? Yes___ No___
If yes, Name(s) of Hospital: _____

How many computers are being used in the practice? _____
Are the computers networked? Yes___No_____ Do your computers have internet access? Yes___No___
What Internet method are you *currently using*? Dial up ___ DSL___ Cable___ What is the highest broadband speed available? DSL___ Cable___
Are the computers: Owned___ Leased___ ?What type of computers are they? _____

Does the provider have a scanner? Yes___ No___

please check off the services below which you anticipate needing:

• Office set up

- Emdeon clearinghouse registration and major carrier notification
- Lytec 2008, practice database set up
- Network evaluation
- Customized superbill set up with code and fee analysis
- Front desk workstation set up
- Start Up Practice

• Core Service

- Patient Information data entry
- Charge Entry
- Claim Editing & Electronic submission
- Payment Posting

ERA/EFT

Secondary Paper claims

Denial follow up; appeals; calls

Accounts receivable review

Weekly, monthly, customized reports

Weekly Mailer for superbills/encounters

Unlimited Fax of superbills/encounters

Email addresses for staff

Online support & training

• Additional Services

Lytec Scheduler (included with System Hosting clients)

Patient Statement Billing(three cycle)

Past Due/Delinquent Collection

Data Migration from Lytec program

Data Migration from non Lytec program

Provider Enrollment

Provider credentialing

ICD-9 or CPT coding assistance

In office staff training (number of staff members____)

Other, please specify_____

Quality Experienced Medical Billing~1-877-2 MEDBIL(L)