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INFORMATION REQUEST FORM FOR A MEDICAL PRACTICE ASSESSMENT ENGAGEMENT

Clinic Name: _____

Completed By: _____ Date: _____

INSTRUCTIONS: This form is a data-gathering tool to assist in the diagnostic assessment of a medical practice. It consists of a request for specific documents and detailed questions covering different aspects of the assessment process. The questions are grouped into sections.

Provide the requested information in the spaces provided or by attaching supporting documents. Use additional sheets, if necessary. If the information is not relevant, write N/A in that space.

PRACTICE DATA REQUESTED

- ___1. Financial statements and tax returns of the medical practice for the last 3 years, including most recent YTD financial statements
- ___2. For a group practice, copies of physician compensation worksheets for the last three months if practice pays its doctors on a productivity basis
- ___3. If the practice receives capitation and the practice is a group practice, a description of how the doctors distribute the capitated dollars in the compensation formula
- ___4. Is the practice's compensation formula in compliance with Stark II? ___ yes ___ no; if yes, attach a description and example of the Stark II distribution formula if not it is described in the physician employment agreement
- ___5. Copies of the physician employment agreement and the physician buy-out agreement

- ___6. Charges, collections, and adjustments for the past 3 years and current year to date
- ___7. Aged accounts receivable balance as of YTD and, as of the end of most recent previous month, aged totals by the following categories: current, 30, 60, 90, 120, and 180
- ___8. Current aged accounts payable listing
- ___9. Attach summary regarding notes payable and long-term receivables (identify payee or payor, dollar amount, and payment terms)
- ___10. Does the practice have any outstanding tax deficiencies? ___ yes ___ no; if yes, please attach a description
- ___11. Practice fee schedule
- ___12. Insurance follow-up documentation form
- ___13. Year-to-date and prior-year CPT Frequency Report for practice and by individual doctor
- ___14. List of current managed-care contracts
- ___15. Referring doctor report for YTD
- ___16. Copy of any prior assessment reports
- ___17. Office charge ticket
- ___18. Hospital/surgical charge ticket(s)
- ___19. Patient registration form
- ___20. Complete the practice payor mix:
 - a. ___% Medicare
 - b. ___% Medicaid
 - c. ___% Commercial
 - d. ___% PPO fee-for-service
 - e. ___% HMO fee-for-service
 - f. ___% Self pay
 - g. ___% Capitated plans
 - h. ___% Other
 - 100%
- ___21. Employee list, including job description, pay rate, and most recent W-2 compensation
- ___22. Copies of 30 recent managed-care Explanation of Benefits (EOBs)
- ___23. Copies of 30 recent commercial insurance EOBs (do not included Medicare/Medicaid)
- ___24. Copies of 20 recent EOBs indicating a denied charge

HUMAN RESOURCES AND OTHER PRACTICE ISSUES

- 1. How are the clinic owners compensated?
 - ___Equal distribution of profits
 - ___Productivity basis

- Salary and bonus
- Other

2. What is the overall condition of the medical practice's equipment? Is any equipment inefficient or obsolete? What is the likelihood of major repairs? What equipment do you expect to replace or add in the next year?

3. List all current lease agreements (real estate, equipment, etc.).

4. Briefly describe past and current employee relations. Also, discuss employee turnover.

5. Does the practice have a retirement plan? yes no; if yes, describe:

6. Has the medical practice had difficulties complying with OSHA, HIPAA, LEP, ERISA, OCR, EPA, or CLIA regulations? yes no; if yes, describe:

7. Have you been cited or audited by an governmental agency, including Medicare? yes no; if yes, describe:

8. Discuss plans for major capital expenditures, how they will be financed, and how much represents expansion versus replacement of existing assets.

9. What type of computer software do you use?

Who is the supplier for your computer software?

Has the practice purchased all updates to the software? yes no

10. Are you Medicare-participating? yes no; do you accept Medicaid patients? yes no

11. Do you have a personnel policy and procedures manual? yes no; do you have written job descriptions for your employees? yes no; do you have an operations policy and procedures manual? yes no (Please provide copies of each)

ANALYSIS OF THE PRACTICE'S BILLING AND COLLECTION SYSTEM

PATIENT SCHEDULING

1. What are patients instructed to do when they call into the office for an appointment?

2. What is the office visit payment policy?

3. When is the patient's insurance information first obtained?

4. When is insurance verified?

PATIENT CHECK-IN

1. Are patients required to sign in? yes no; if yes, is the sign-in sheet maintained as a permanent office record? yes no

2. How does the office find out if a patient's insurance coverage has changed since the last visit?:

3. Does the office make a copy of the patient's insurance card? yes no

4. Does the office make a copy of the patient's driver's license? yes no

5. Does the office document and track where new patient come from? yes no. If yes, how?

6. Is new patient demographic information put into the computer before the patient is escorted to the exam room? yes no; if no, explain why not:

PATIENT CHECK-OUT

1. Does the doctor always complete all of the charge ticket? yes no
2. If the patient is on a managed-care plan, how does the office know how much copay to collect?

3. When the patient checks out, is all charge and payment information entered into the computer before the patient leaves the office? yes no; if no, explain why not:

4. If the patient has an overdue balance, is an attempt made to collect it while the patient is in the office? yes no; if no, explain why not:

5. If a patient is scheduled for surgery, does the office attempt to collect a surgical deposit? yes no n/a

6. Do patients receive any type of financial counseling before surgery? yes no n/a; if yes, what is communicated to the patient?

7. When a patient checks out, does the office attempt to collect payment? yes no; if no, explain why not:

BILLING

1. Explain how the doctor communicates hospital (not surgical) services to the office so that they can be billed out properly:

2. How are surgical charges captured for billing?

3. When are insurance claim forms prepared each week?

4. Are operative notes ever attached to claim forms when they are mailed to the insurance company?
__ yes __ no __ n/a

5. Does the doctor dictate notes on a timely basis? __ yes __ no __ n/a; if no, how long does it usually take?

6. Does the practice use electronic billing? __ yes __ no; if yes, for which types of plans?

7. Are claim forms held for any reason? __ yes __ no; if yes, when?:

8. How accurate is the front desk in obtaining the patient's correct insurance information?

9. How are charge denials handled in the office?

COLLECTIONS

1. Until paid, where are the office copies of insurance claim forms kept?

2. When does the office begin following up on unpaid insurance claim forms?

3. How is insurance follow-up performed in the office and how is it documented?

4. How does the office follow up on patient pay accounts and when?

5. When are patient account statements mailed out?

6. Does the office use collection letters? __ yes __ no; if yes, when are they sent out?

7. Does the office use a collection agency? __ yes __ no; if yes, when are accounts turned over to the agency?

8. Where are EOBs maintained in the office?

9. Does the office have a patient sign an installment agreement when the patient wants to make periodic payments to the practice? __ yes __ no

10. Does the office routinely print and review an aging of the accounts receivable? __ yes __ no

11. Does the office makes deposits to the bank daily? __ yes __ no

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