



Data Request Booklet for:

Dr. Name _____

Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

PLEASE RETURN THIS QUESTIONNAIRE ASAP

To:

Lynn Homisak
30425 Military Road S.
Federal Way, WA 98003
lynn@soshms.com

Fax: [425.235.8886] – SECURE FAX LINE

Any questions? Please call 1.866.832.6767

ALL information provided in this report will be held confidential!

Thank you!

SOS Healthcare Management Solutions, LLC
30425 Military Road S.
Federal Way, WA 98003
Tele. 1.866.832.6767 ♦ Fax: 425.235.8886
www.soshms.com

1. In order of importance, I/we feel that my/our greatest areas of need are:

First _____

Second _____

Third _____

2. Are you the practice owner? Partner? Associate Doctor? Manager

3. Practice financial trend: Based on practice data, is the financial state of the practice...

stable declining growing

4. What was your gross collected revenue last year? _____

So far, this year? From _____ to _____ \$ _____

5. Total Accounts Receivable? _____

6. Do you know your PVV (Per Visit Value?) _____

7. I would categorize this practice as (please check all applicable)

- | | |
|--|--|
| <input type="checkbox"/> Solo | <input type="checkbox"/> Free standing office location |
| <input type="checkbox"/> Group | <input type="checkbox"/> Medical building |
| <input type="checkbox"/> Palliative | <input type="checkbox"/> Home office location |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Hospital location |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Street visibility |
| <input type="checkbox"/> Diverse | <input type="checkbox"/> Multiple locations |
| <input type="checkbox"/> Multi-specialty | |

8. Our practice sees approximately _____ patients in a week.

9. Our practice sees approximately _____ new patients in a week.

10. Our office employs a total of _____ staff

a. _____ # of clinical staff _____ # of receptionists _____ # of billers

b. Other: _____

11. Do you know your approximate combined compensation expense for staff? \$ _____

(Include all benefits, taxes, etc...do NOT include associate salary, etc.)

12. Are there any internal communication issues? Yes No

If yes, please explain:

13. How would you rate the overall efficiency level of... (please circle)

	<i>Inefficient</i>					<i>Extremely efficient</i>				
	1	2	3	4	5	6	7	8	9	10
Office										
Staff										

14.

Our Practice....	YES	NO	Not Sure
Employs an office manager			
Conducts regular staff meetings			
Has written job descriptions for staff			
Conducts performance reviews			
Has an employee policy manual			
Has difficulty enforcing policy			
Has an EMR system in place			
Is a paperless office			
Uses an outside billing company			
Has a website (address?)			
Aggressively monitors A/R			
Posts charges the same day as services are rendered			
Routinely runs behind schedule			
Has an effective marketing plan in place			
Tracks referrals			
Has a financial policy			
Has difficulty collecting money from patients			
Has frequent staff turnover			
Is OSHA compliant			
Is HIPAA compliant			
Conducts patient satisfaction surveys			
Dispenses OTC products			
Dispenses DME products to Medicare Patients			
Has a therapeutic shoe program			
Is in a very competitive area			

Thank you!