



## RFQ Pre-Billing Questionnaire

Facility/Clinic/Practice Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Specialty: \_\_\_\_\_

Contact Information: Name (s): \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Number of Providers: \_\_\_\_\_

Avg. Number of Patients Seen Per Week: \_\_\_\_\_

Number of different services/procedures billed: \_\_\_\_\_

*Types of Insurances/Payments by % of total billing:*

Patient Self Pay (copay, deductible, coinsurances): \_\_\_\_\_

Medicare: \_\_\_\_\_ Medicaid: \_\_\_\_\_

BCBS: \_\_\_\_\_ Private Ins: \_\_\_\_\_

Workers Comp/MVA: \_\_\_\_\_ Other HMO's: \_\_\_\_\_

Other PPO's: \_\_\_\_\_ Other please specify: \_\_\_\_\_

Number of claims submitted per week: \_\_\_\_\_

Number of denials received per week: \_\_\_\_\_

Weekly dollar volume of claims submitted on average per week: \_\_\_\_\_

A/R by age: 30 days \_\_\_\_\_ 60 days \_\_\_\_\_ 90 days \_\_\_\_\_

120 days \_\_\_\_\_ Self Pay A/R over 90 days \_\_\_\_\_

Present Software being used for billing: \_\_\_\_\_

Are you submitting claims via paper or electronic? \_\_\_\_\_

Do you have internet access? \_\_\_\_\_

*How might your present data be accessible?*

Data is viewable/printable only \_\_\_\_\_

Data can be exported to Excel or other software/formats for Import to another system.

Please explain. \_\_\_\_\_

\_\_\_\_\_

Are you using EMR? If so, which one: \_\_\_\_\_

Are you using Eprescribe? If so, which one: \_\_\_\_\_

Does someone in your office check eligibility and obtain referrals for each patient receiving

services? \_\_\_\_\_

Do you use a collection agency? If so, what percentage do they charge you? \_\_\_\_\_

If not do you wish to use one? \_\_\_\_\_

Do you need patient scheduling? \_\_\_\_\_

Do you need EMR? \_\_\_\_\_

Do you need automated Eligibility checking? \_\_\_\_\_

Please tell us exactly what you would like to see from your billing service as well as any

Other specific items that you feel may optimize your billing and collections processes.