

EMBS Practice Analysis Worksheet
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Practice Name:
Contact Name/Title:
Address:
Telephone #:
Fax #:
Website:
E-mail Address:

Specialty:
Number of Providers:

1. What is the biggest problem you are currently experiencing in your practice? (insurance, personnel, Medicare, what?)

2. How many claims do you process each month?

_____ Medicare	_____ Medicaid
_____ Commercial Insurance	_____ HMO
_____ Blue Cross/Blue Shield	_____ Workers Comp

3. What is your average dollar amount submitted per month?

4. What is your average dollar amount collected per month?

5. How many active patients are in your database?

6. How many total patients do you see a day? week? month?

7. Accounts Receivable

a. How much is currently owed to you by:

Insurance

Medicare

Medicaid

Patients

Total accounts receivable

b. What is the average age of your receivables?

c. How many patients pay in full at time of service?

8. Do you bill on paper or electronically?

9. How are charges and payments being posted currently:

Ledger cards _____ Other (specify) _____

10. How do you currently bill patients

Statements _____ Copies of ledger cards _____ Other (specify)

11. Do you have any backlog (old claims, etc.)? Y/N