Right Track
Healthcare Management & Solutions

# Billing Service Questionnaire

Name of Practice:

Specialty/Type of Practice: Credentials:

Address City State Zip Code

List your top 10 payers below:

1.) 6.)

2.) 7.)

3.) 8.)

4.) 9.)

5.) 10.)

How many patients per week are treated? NPI#:

What are your office hours? Tax ID:

A/R Terms:

Total collection for the past 3 months: What % of total collections is from insurance payments?

Total for month 1: Total for month 2: Total for month 3:

Contact Name: Contact Phone #:

Title/Position: E-mail Address:

Alternate Contact Name: Contact Phone #:

Title/Position: E-mail Address:

Additional Comments:

Return completed questionnaire to our Billing Department via e-mail at info@rthealthsolutions.com or via fax at 1-800-713-1290

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