

Provider Profile Form

Please enter your practice Name:		
How many providers does your practice have?		
How many locations does your practice have?		
Do you have more than 1 (one) TAX ID? If YES, how many?		
Please list the specialty/specialties at your practice:		
If you are currently using, have ever used, or have considered using a billing service, please tell us about it:		
Do you currently use a Practice Management System?		
If so, can you provide information regarding your current system? What system are you using? Are you satisfied with your current system? What's on your wish list to make your current system better?		
Are your computers currently on a LAN (local area network)?		
Do you currently have high-speed internet access at your practice?		
How many insurance claims do you process each month?		
Which claims clearinghouse are you currently using?		
On average, how long is it taking to receive payment?		
What percentage of claims is returned with errors?		
What is the most common error for rejected claims?		
Please tell us how many of your claims are being transmitted electronically?		

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What percentages of your claims are:	Medicare: Medicaid: BC/BS: WC: Commercial: Other:
If there is something special or unique regarding any of your payors, please tell us:	
Is there anything else we should know about your practice?	
Contact Information:	
Your Name:	
Phone number:	
Email Address:	
How did you hear about us?	
<input type="checkbox"/> I want to increase revenue <input type="checkbox"/> I want to save time <input type="checkbox"/> I do not like dealing with billing <input type="checkbox"/> I want to reduce billing errors <input type="checkbox"/> I am not happy with our current billing situation <input type="checkbox"/> Other	
Please FAX to: 1-866-266-7906	Email: info@ts4mo.com