**Provider RCM Process Information Form**

It is requested to provide following information; this information would help us to give you best Proposal.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Provider/Practice Name** |  | | | | | |
| **Address** |  | | | | | |
| **City** |  | **State** | |  | **Zip** |  |
| **Office Manager/Doctor** |  | | | | | |
| **Phone** |  | | **Ext.** |  | **Fax#** |  |
| **E-Mail** |  | | | | | |
| **Number of Location** |  | | | | | |
| **Billing NPI** |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **Physician Details** | | |
| **Name** | | **Specialty** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Billing Software Name** |  | | **License Count** |  |
| **Present Billing System:** | **In house / Outsourced** | | | |
| **If outsourced what are the flow of information (Please tick mark) (🗸)** | | | | |
| **Scanned Copy by Mail** | |  | | |
| **Fax** | |  | | |
| **Physical Document** | |  | | |
| **Information from Software** | |  | | |
| **Others (Please Specify)** | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average Monthly Billing** | **Average Monthly Bills** | | | |
| **Average A/R** | **0-30 days** | **30-60 days** | **60-90 days** | **90-120 days** |
| **Amount** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Services (Please tick mark) (🗸)** | | | |
| **Sr. No** | **Services** | **In House** | **IntelliRCM** |
|  | **Patient Scheduling & Reminder** |  |  |
|  | **Demographics Entry** |  |  |
|  | **Insurance Eligibility & Benefits Verification** |  |  |
|  | **Prior Authorization** |  |  |
|  | **Medical Coding** |  |  |
|  | **Charge Entry** |  |  |
|  | **Claim Submission** |  |  |
|  | **Payment Posting** |  |  |
|  | **Denial Management** |  |  |
|  | **A/R Follow up & Appeals** |  |  |
|  | **Patient Statement** |  |  |
|  | **Credentialing & Enrollment** |  |  |

|  |  |  |
| --- | --- | --- |
| **(Please tick mark) (🗸)** | | |
| **Present Challenges** | **Collection from patient** |  |
| **Improper Coding** |  |
| **Denial Management** |  |
| **Low Cash flow** |  |
| **Not all charges captured** |  |
| **A/R days are higher** |  |
| **Others** |  |

|  |  |
| --- | --- |
| **What is your major expectation from IntelliRCM?** | |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** |  |