



PERFECT ASC Billing Solutions Questionnaire

1456 Ferry Road | Suite 305 | Doylestown, PA 18901 | Tel 877-442-3687

RETURN YOUR FORM BY: Fax 215-589-9039 or email perfectascbilling@endocenters.com

Facility Name: _____
 Address: _____
 Initial Contact: _____ Title: _____
 Telephone: _____ Email: _____

OTHER CONTACTS:

Physician Contact: _____ Billing Contact: _____
 Title: _____ Title: _____
 Telephone: _____ Telephone: _____
 Email: _____ Email: _____

BACKGROUND INFORMATION:

External billing service currently utilized? Yes No Vendor Name: _____
 Current Billing System: _____ Current Scheduling System: _____
 Approximate number of staff involved in billing functions currently (if billing is internal):
 Payment Posting: _____ AR Follow-up: _____ Charge Entry: _____ Other: _____
 How often are claims billed? _____ What is the average cash collected each month? _____
 What are the Days in AR (days it takes for claims to pay)? _____
 Outstanding Accounts Receivable: \$ _____ as of _____ (date)
 (Please attach aging by payer)
 Why are you looking for an external billing service? _____

 How did you hear about PERFECT ASC Billing Solutions? _____

PAYOR MIX:

Provide your best estimate of your practice payor mix (based on collected revenue):

Payor	Percentage	Other Payor-Specify	Percentage
Medicare		All Other PPOs	
Medicaid		All Other HMOs	
Aetna			
Cigna			
United Healthcare			
Blue Cross/Blue Shield			
Private Pay			

Thank you for investing the time to complete this questionnaire. Your responses provide us with critical information and will be treated with completed confidentiality. Physicians Endoscopy