

Provider Resources Practice Analysis Survey

Please complete this survey and fax it to Provider Resources at (615) 371-8124. To find out how your podiatric practice compares to others across the country, contact Provider Resources for a personalized Podiatric Practice Monitor Report. (A fee of \$50 is required to receive your report.) Call (888) 776-2430 for more information.

Practice

Practice name: _____ Contact person: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail address: _____
Number of doctors: _____ Number of owners: _____ Number of nursing homes: _____ Number of locations: _____

(Locations are defined as billing centers. If you bill for your services from a specific office it is considered to be a location. DO NOT include nursing homes.)

Financial expenses

Information being entered is as of 12/31/2009 (on a year to year basis) **Collections (Amount collected for services rendered):** _____

Salaries and wages: _____
(Exclude officer's/owner's compensation.)

Telephone: _____
(Cost for local, long distance, cellular service and Yellow Pages advertising.)

Benefits: _____
(This includes workers' compensation insurance, medical insurance and other benefits paid on behalf of the employees.)

Outside services: _____
(Cost of transcription, billing services, janitorial, etc.)

Pension / Profit sharing: _____
(Dollars contributed to the pension / profit sharing plan by the practice.)

Professional fees: _____
(Cost of legal, accounting and other professional services)

Office supplies: _____
(General office supplies used in the administrative area.)

Travel and related items: _____
(Cost of traveling to meetings, includes airfare, rental care, bus and taxi fees, lodging, etc.)

Medical supplies: _____
(Supplies used in the care and treatment of patients.)

Dues and subscriptions: _____
(Cost of APMA, state and local organizations as well professional publications)

Lab expenses: _____
(Cost of orthotics and orthotic device manufacturing.)

Taxes and licenses: _____
(Cost of payroll taxes, state and local business licenses.)

Rent: _____
(Rent and lease for office space.)

All other expenses: _____
(Cost of business not otherwise classified.)

Insurance expenses: _____
(Insurance for medical liability, business interruption, overhead, etc.)

Owner's compensation: _____
(Include W-2 and K-1 earnings from the practice only.)

Repairs and maintenance: _____
(Cost for general repair and upkeep of the office and office equipment.)

Owner's benefits: _____
(Include items paid for on behalf of the owner by the practice such as car, pension, life insurance, disability, health insurances.)

Utilities: _____
(Cost for electric, gas, water, etc.)

Total expenses: _____

Evaluation and Management Codes

	Doctor 1	Doctor 2	Doctor 3	Doctor 4
99202	_____	_____	_____	_____
99203	_____	_____	_____	_____
99204	_____	_____	_____	_____
99205	_____	_____	_____	_____
99211	_____	_____	_____	_____

	Doctor 1	Doctor 2	Doctor 3	Doctor 4
99212	_____	_____	_____	_____
99213	_____	_____	_____	_____
99214	_____	_____	_____	_____
99215	_____	_____	_____	_____

Collections by Payor

Medicare: _____
BlueCross: _____
Commercial insurance (taken from accounts receivable reports) : _____

Private insurance: _____
PPO: _____
HMO: _____
Patient payments: _____

Additional Information

Number of new patients (year to date): _____
Number of new employees (year to date): _____
Number of full-time employees: _____

Number of part-time employees: _____
Number of orthotics issued: _____
Number of surgeries (bone): _____