



RCM Questionnaire

Please fill out the form below and fax to Anthony F. Maniscalco at 813-884-8355 or email it to us at information@mdtechnologies.com.

Contact:

Name of Provider:

Telephone #: Cell Phone #:

***Email:**

Specialty:

Number of Providers: Number of Locations:

Name of existing practice management software:

Name of existing EMR:

Require Billing Software Access: Yes No

Require EMR Software Access: Yes No

Total Average Monthly Charges:

Total Average Monthly Payments:

Total A/R as of today:

Require A/R Software Conversion: Yes No

Current system report reflecting monthly average:

Total charges:

Total Insurance Adjustments:

Total charge adjustments:

Total Personal Payments:

Total Insurance payment:

Procedure Analysis Report:

Current A/R by Financial Class:

Note: The free quote you receive will be contingent upon receipt and verification of all requested information.

