

# TMC Data Services

## ***COST ANALYSIS SURVEY***

Please complete the following survey and return by fax to (716) 632-0106 or mail to TMC Data Services 1325 Millersport Hwy #212, Williamsville, NY 14221. If you have any questions please call (716) 276-8812.

PRACTICE NAME \_\_\_\_\_

PRACTICE TYPE SPECIALTY \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

OFFICE MANAGER/PRACTICE MANAGER'S NAME \_\_\_\_\_

PRACTICE/OFFICE MAILING ADDRESS \_\_\_\_\_

APPROXIMATELY HOW MANY PATIENTS ARE SEEN PER DAY \_\_\_\_\_ PER WEEK \_\_\_\_\_

WHAT IS THE BIGGEST PROBLEM YOU OR YOUR STAFF IS CURRENTLY EXPERIENCING?

DO YOU EXPERIENCE A LOT OF REJECTED CLAIMS? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU CURRENTLY HAVE A BACKLOG OF CLAIMS \_\_\_\_\_ YES \_\_\_\_\_ NO

AVERAGE BACKLOG? \_\_\_\_\_

HOW DOES YOUR OFFICE PROCESS CLAIMS? \_\_\_\_\_ MANUAL \_\_\_\_\_ ELECTRONIC

HOW MANY IN YOUR OFFICE CURRENTLY WORK ON THE BILLING IN YOUR OFFICE? \_\_\_\_\_

WHAT IS THE AVERAGE HOURLY WAGE OF EACH EMPLOYEE? \_\_\_\_\_

DO YOU USE AN OUTSIDE BILLING SERVICE TO PROCESS CLAIMS? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU SATISFIED WITH THIS SERVICE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WOULD LIKE TO REDUCE THE TURN AROUND TIME FOR REIMBURSEMENT \_\_\_\_\_ YES \_\_\_\_\_ NO

SURVEY FILLED OUT BY \_\_\_\_\_ TITLE \_\_\_\_\_

1325 Millersport Hwy - Suite 212  
Williamsville, NY 14221