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Practice Name:
Contact Name/ Title:
Address:
Fax#:
Website:
E-mail Address:

Specialty:
Number of Providers:
Telephone #:

1. How are your charges and payments being posted currently?
2. How do you currently bill patients, balances due or co- insurance?
3. Do you bill on paper or electronically?
4. What is the average age of your receivables?
5. How many patients pay in full at time of service?
6. What is your average dollar amount submitted per month?
7. What is your average dollar amount collected per month?
8. How many active patients are in your database?
9. On average how many patients do you see a day? Week? Month?
10. What is the biggest problem you are currently experiencing in your Practice? (Insurance, Personnel, Medicare, Billing, what?)
11. Do you have any backlog (old claims, etc.)? Y/N
12. What is your current billing software?
13. Do you currently use a collection agency for past due accounts?