



Coaching - Credentialing - Concierge

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Offsite Billing Questionnaire:

Do you have multiple locations that we will be billing for? _____ How many? _____

Are all locations filed under the same Tax ID and NPI? _____

What EHR system do you currently use? _____

Is it the same EHR for all clinics? _____ Is your EHR web based, or cloud based: _____

If server based, do you have a remote access program in place? _____

If so which program: _____

If not, would you like for us to provide a remote system? (We use Go To My PC and Team Viewer) _____

Do you currently have a clearinghouse? _____ If so which one? _____

If not, would you like for us to recommend one for you? _____

What insurances are in in network with? _____

Name of Primary Practice: _____

Provider Name: _____

Address: _____

Phone #: _____ Email: _____

How many doctors at this location? _____

What % of your patients is cash? _____ Medicare _____ Major Medical _____ Auto/Attorney _____

Name of Primary Practice: _____

Provider Name: _____

Address: _____

Phone #: _____ Email: _____

How many doctors at this location? _____

What % of your patients is cash? _____ Medicare _____ Major Medical _____ Auto/Attorney _____

If you have more than 2 clinics, please provide that information on the back of this form.

Any additional information you would like to share or ask about?

Please look at the chart and circle which option you would like. If you are unsure of what you need or would like to customize services, please let us know and we will work together to find the best option for you.

Services	Option A 9% Taken from total of any money that we post. (Insurance, patient, Auto, & Atty.)	Option B 8% Taken from total of any money that we post. (Insurance, patient, & Auto)	Option C 7% Taken from insurance payments that we post.
Claim Accuracy	X	X	X
Insurance Claim Submission	X	X	X
PI & PIP Claim Submission	X	X	
Attorney Follow Up & Payment Posting	X		
Claim Payment Posting	X	X	X
Posting Patient Payments	X	X	
Claim Follow Up (Appeals & Denials)	X	X	X
DME Claim Submission & Posting Payments	X		
Sending Patient Statements	X		
Monthly Stats Reports	X	X	X

Percentages include any claims that we work prior to our contract date even if payment has already been made. There will be a \$500 minimum per month. Any printing or postage fees will be applied to your invoice as needed. \$40 yearly fee for remote services if we provide the service.

C3 Plus Notes:
