

PRACTICE ANALYSIS



Practice Name _____
Doctor (s) Name _____
Address _____
City _____ State _____ Zip _____
Practice Phone # _____ Home Phone # _____
Fax # _____ Email Address _____

Please answer the following questions to the best of your ability and if there are questions or concerns, please don't hesitate to contact Pauline.

- Practice on a calendar year or fiscal year _____
- How many weeks per year does the practice not operate due to vacations, CE courses? _____

- List the practice days worked with hours for each day. _____

- What Insurance Plans does the practice participate? _____

- What Marketing/Advertising is the practice currently using? _____
- Total Production for previous year, include year: _____
- Total Collection for previous year, include year: _____
- Collection Percentage - Total Collections Divided by Net Productions for previous year. _____

- Last Quarter Productions _____
- Last Quarter Collections _____
- Doctor (1) Production & Collection Year-to- Date: _____
- Doctor (2) Production & Collection Year-to-Date: _____
- Number of New Patients per month: _____
- Accounts Receivable Balance: _____
- How many statements are billed monthly? _____
- Percentage of Overhead last year: _____
- Net Income of Practice after all expenses previous year: _____
- Percentage of salaries (not including doctors) previous year: _____