



# PRE-COLLECTION QUESTIONNAIRE

CLIENT: \_\_\_\_\_

ESTIMATED IMPLEMENTATION DATE: \_\_\_\_\_

## AR MANAGEMENT CLIENT INFORMATION & OPERATIONS

### CLIENT DEMOGRAPHICS

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

P.O. Box Add: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remit To Add: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice:  Gross  
 Net

### CONTACT(S)

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

### INFORMATION SERVICES

Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Hardware: \_\_\_\_\_

Software: \_\_\_\_\_

Remote Access:  Yes, explain: \_\_\_\_\_  
 No, explain: \_\_\_\_\_

Business Office Hours: Open: \_\_\_\_\_ Close: \_\_\_\_\_

**ACCOUNT INFORMATION**

ONGOING PROJECT  ONE TIME CLEAN UP PROJECT

Initial Placement: No. Of Accts.: \_\_\_\_\_ Avg. Bal.: \_\_\_\_\_ Avg. Age: \_\_\_\_\_

SP Dispositions:  Private Pay (Uninsured)  Pt. Balance After Insurance  Pt. Balance After Medicare

Disposition; when do accounts go to HRS: \_\_\_\_\_

Insurance accounts to HRS?:  YES (explain: \_\_\_\_\_)  NO

**GENERAL OPERATIONAL INFORMATION**

Fiscal Year End: \_\_\_\_\_

Placement Schedule:  Daily  Weekly  Monthly  Other (\_\_\_\_\_)

Placement Method:  Manual  Electronic (Media: \_\_\_\_\_)

Pmt Reporting Schedule:  Daily  Weekly  Other (\_\_\_\_\_)

Pmt Reporting Method:  Manual (Report via Fax/Mail)  Electronic (Media: \_\_\_\_\_)

HRS Status Code (@ Client):  No  Yes (code: \_\_\_\_\_)

Resolution Period:  60 days  90 days  120 days

Time Pay Terms:  Period (\_\_\_\_\_ )  Min Pay Amt (\_\_\_\_)  case by case

3<sup>rd</sup> Party Financing Programs  Available (client to provide all training & required materials)  Not Available

Pt. Remit To:  **Client (Recommended)**  HRS

Credit Cards:  Visa  MasterCard  American Express  Discover

Private Pay Discounts Available:  Yes (\_\_\_\_\_ )  No

Pt Bal After Ins Discounts Available:  Yes (\_\_\_\_\_ )  No

Small Balance W/O Amount:  Yes (\_\_\_\_\_ )  No

Reconciliation:  Yes Frequency: \_\_\_\_\_  
 No

Disputes: Client Contact: \_\_\_\_\_ Remarks: \_\_\_\_\_

Bankruptcy: Procedures: \_\_\_\_\_

Death Certificates: Procedures: \_\_\_\_\_

Charity: Procedures: \_\_\_\_\_

Homeless: Procedures: \_\_\_\_\_

**UPON RECEIPT OF VALID INSURANCE**

- Account returned to Client
- Account retained by HRS (HRS to submit claim and follow-up to final resolution, excluding valid Medicare and Medicaid)

Insurance Time Out Policy: Explain: \_\_\_\_\_

Billing Documents/Files:  Paperless  Hard-copy  Not applicable

Hard-copy Pulled By:  Client  HRS  Not applicable

Re-bills Generated By:  Client  HRS  Not applicable

Re-bills Printed @:  Client  HRS  Not applicable

Cycle if Printed @ Client:  Immediately  Daily  Weekly  Other  Not applicable

Doc. Media @ Client:  Paper  Electronic  Not applicable

EOB's Located In:  Patient Files  Other (\_\_\_\_\_)  Not applicable

RA's Located In:  Patient Files  Other (\_\_\_\_\_)  Not applicable

**BAD DEBT NON-CANDIDATE REPORT TO CLIENT**

Frequency:  10<sup>th</sup> and 20<sup>th</sup> of each month  20<sup>th</sup> of each month  Other (\_\_\_\_\_)

Media:  Hard-copy Report  Electronic Report (.xls format report w/ reason to be E-mailed to Client)

Assignment Procedure: \_\_\_\_\_

Export File:  No  Yes (HRS format export file includes; client supplied information {records}, demographics, notices, history, notes, transactions)

Expected bad debt per month: Average No.: \_\_\_\_\_ Average/Budget Amount: \$ \_\_\_\_\_

Agency Split:  No  Yes (explain: \_\_\_\_\_)  N/A

Agency 1: \_\_\_\_\_

Agency 2: \_\_\_\_\_

**COMMENTS/UNIQUE REQUIREMENTS**

---

---

---

---

---

---

---

---

---

---

---

---

---