



## Revenue Enhancement Program DATA REQUIREMENTS

|  |          |                 |  |                                     |  |
|--|----------|-----------------|--|-------------------------------------|--|
| Date:  |          | Practice Name:  |  |                                     |  |
| Doctor Name:   |          | Contact Person: |  | E-Mail:                             |  |
| Work# ( )  | Fax# ( ) | Home# ( )       |  | Mobile # ( )                        |  |
| Address:   |          |                 |  | City:                               |  |
| State:   |          | Zip:            |  | CPA Name:                           |  |
| How did you hear about Revenue Enhancement?  |          |                 |  | Who may we thank for referring you? |  |
| Please select the following Practice Booster products used by your practice: <input type="checkbox"/> Practice Booster/Code Advisor (including Insurance Solutions Newsletter) <input type="checkbox"/> Coding With Confidence manual <input type="checkbox"/> Administration With Confidence manual <input type="checkbox"/> Medical Cross Coding With Confidence manual <input type="checkbox"/> Zing Webinars |          |                 |  |                                     |  |

**BEFORE BEGINNING** - Select a recent 6- or 12-month period and provide the following information from your practice management software based on this same 6- or 12-month period: **Month** \_\_\_\_\_ **to** \_\_\_\_\_.

**CHECKLIST - Please check off each item upon completion:**

\_\_\_ A. Type of Practice:       General Dentistry       Prosthodontics       Pediatrics       Periodontics  
     Oral Surgery                       Endodontics

\_\_\_ B. Zip Code for your practice: \_\_\_\_\_

\_\_\_ C. Name of software used for your practice: \_\_\_\_\_

\_\_\_ D. Provide us with your ADA-coded fee schedule AND ADA-coded procedure count (office) report for the practice, itemized by ADA-coded procedure, not category, for a six- or twelve-month period.

\_\_\_ E. List the practice's total monthly production and collections for the same 6- or 12-month period below:

| Month | Production | Collections |
|-------|------------|-------------|
| 1     | \$         | \$          |
| 2     | \$         | \$          |
| 3     | \$         | \$          |
| 4     | \$         | \$          |
| 5     | \$         | \$          |
| 6     | \$         | \$          |

| Month | Production | Collections |
|-------|------------|-------------|
| 7     | \$         | \$          |
| 8     | \$         | \$          |
| 9     | \$         | \$          |
| 10    | \$         | \$          |
| 11    | \$         | \$          |
| 12    | \$         | \$          |

\_\_\_ F. Date of last fee increase \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

**Answer All Applicable Questions:**

1. What are the number of Dentist days worked per week?  
(Ex. – 1 dr. working 4 days plus 1 dr. working 3 days = 7 \_\_\_\_\_ total dentist days/week days)
2. What are the average Hygiene days worked per week?  
(Include any assisted hygiene days by assistants in the count – count all hygienists) \_\_\_\_\_ hygiene days/week
3. What is the overall doctor busyness (solidly booked) in terms of weeks (ex. 2.5 weeks or .5 weeks) \_\_\_\_\_ weeks
4. Check off the overall busyness of the hygiene department:  
\_\_\_\_\_ open slots - several days out  
\_\_\_\_\_ booked solid  
\_\_\_\_\_ overflowing – difficult to get patient on to schedule, particularly SRP
5. Do you code new patient perio patients as code D0180 (comprehensive perio evaluation)? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Please provide the information below for your practice:  
\_\_\_\_\_ % Cash Patients  
\_\_\_\_\_ % Insurance Patients (In- and out-of-network)  
\_\_\_\_\_ % Medicaid Patients  
100 %

What is the estimated total percentage of all PPO/Capitation plans does your practice participate in? \_\_\_\_\_%

Please list a few top plans:

---

---

---

**REVENUE ENHANCEMENT CONSULTATION (includes support for one year)**

Fee: \$1,990

UPON COMPLETION, PLEASE EMAIL THE DATA FORM AND REQUIRED DATA TO:

**Julie Devinney** ([julie@practicebooster.com](mailto:julie@practicebooster.com))

Phone: 866.858.7596 (toll-free)