



Practice Support Resources, Inc.

To Managers, Physicians & Professionals working with Practices

For completion of our survey questionnaire, you will receive a free Practice Management STATS Quick Reference report for one specialty. (a \$69 value!)

- 57 Categories of Practice Statistics for these specialties: FM, IM, OBG, PD, OTO, C, N, OPH, S, U, ORS, GE
See how a practice compares to the norms
Specific information by region
Used by professionals for seventeen years
Plan, budget & assess practices with confidence
Concise information to monitor performance

Partial contents shown =>

Table with 2 columns: Category and Range. Sections include: CHARGES (Total Annual Gross Charges, Medicare, Medicaid, etc.), COLLECTIONS (Total Annual Collections, Gross Collection Percentage, etc.), EXPENSES (Total Practice Expenses, Overhead Percentage, Payroll, etc.), and EMPLOYEES & SALARIES (Staffing Ratio, Receptionist, Medical Assistant).

Success is often measured by the numbers and you need the right information to make decisions for a practice.

The Practice Management STATS Quick Reference is based on information from practices surveyed each year and we are preparing the 2009 edition. We are asking for your participation by completing and returning this questionnaire. Your response is kept confidential and used only to develop a comparative statistical range.

For each completed survey questionnaire you submit, we will send to you in March a free copy of the new 2009 report for the specialty you choose. To learn more about this valuable benchmark report, See STATS.

To receive your free report, the questionnaire must be completed entirely and mailed back or faxed to 816-478-8914 by March 1, 2009.

Thank you for your participation.

Best regards,

Mike Martin

President

For more information or assistance in completion, e-mail us at info@practicesupport.com or call 800-967-7790.

STATS Survey Questionnaire

(Important: Complete this form for a practice where **all physicians are of the same specialty.**)

Note: Only the following specialties are being surveyed: Cardiology, Family Practice, Gastroenterology, General Surgery, Internal Medicine, OBG, Ophthalmology, Orthopedics, Otolaryngology, Pediatrics, Neurology, Urology

Physician(s) specialty _____ (Check One) Urban Suburban Rural

Number of full-time physician(s): _____ Number of part-time physician(s): _____

Is practice owned or managed by a hospital or hospital affiliated organization? Yes No

Please give annual figures from fiscal year ending 2008 (Must be for 12 month reporting period)

1. Gross charges (all professional services including non-physician & ancillary) _____
2. Adjustments (contractual write-offs, bad debt, courtesy discounts) _____
3. Net charges (gross charges minus adjustments) _____
4. Amount or percentage of charges representing lab services _____
5. Amount or percentage of charges representing x-ray services _____
6. Total collections (receipts) for all patient services _____
7. Amount or percentage of charges that are self-pay _____
8. Amount or percentage of charges that are Medicare _____
9. Amount or percentage of charges that are Medicaid _____
10. Amount or percentage of charges that are other insurance & managed care _____
11. Total amount of accounts receivable _____
12. Amount of accounts receivable that were 1 – 30 days old _____
13. Amount of accounts receivable that were over 90 days old _____
14. Bad debt (total amount written off as not collectible) _____
15. Total annual practice expenses (exclude physicians and paraprofessionals compensation & benefits) _____
16. Payroll expenses (total salaries of employees; exclude physicians, nurse practitioners, PAs, other paraprofessionals) _____
17. Business supplies (clerical and administrative office supplies) _____
18. Medical supplies & drugs _____
19. Office space (rent, utilities/maintenance, housekeeping) _____
20. Lab (costs for in-office & technical services outside) _____
21. Malpractice & professional liability insurance premiums _____
22. Outside professional services (attorney, accountant & consultant fees) _____

- 23. Employee benefits (health, life, disability, retirement/profit-sharing)
Exclude physicians and paraprofessionals _____
- 24. Equipment & furniture (including depreciation) _____
- 25. Marketing/advertising (services, and materials to promote practice) _____
- 26. Physician(s) compensation (salary & bonuses) _____
- 27. Physician benefits (profit sharing, retirement plan contributions, health, life, disability insurance premiums) _____
- 28. Nurse Practitioner compensation _____
- 29. Physician Assistant Compensation _____
- 30. Average # of outpatient visits per week (Includes any office, clinic or ER encounter between physician and patient) _____

- 31. Total number of new patients seen by Doctors per week _____
- 32. Average # of surgery procedures per week (inpatient and outpatient) _____
- 33. Total active patients (number of Patients receiving services at least Once in the last 12 months) _____
- 34. Average hours per week when physicians see patients in outpatient office setting _____
- 35. Total weeks doctor worked last year (exclude vacation, sick, travel, CME, etc) _____
- 36. Average number of patient hospital visits per week by doctors _____

Employees & Staffing

	# of Full Time Staff at this position	# of Part-time Staff at this position	<u>Wages</u> (Give range. Example: \$8.00 – 9.50/hr or \$17,000 - \$21,000)
Receptionist	_____	_____	_____
Transcriptionist	_____	_____	_____
Appointment Secretary	_____	_____	_____
Bookkeeper	_____	_____	_____
File Clerk	_____	_____	_____
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Nurse Practitioner	_____	_____	_____
Physician Assistant	_____	_____	_____
Nurse (LPN)	_____	_____	_____
Nurse (RN)	_____	_____	_____
Medical Assistant	_____	_____	_____
X-ray Technician	_____	_____	_____
Lab Technician	_____	_____	_____
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Billing Clerk	_____	_____	_____
Insurance Secretary	_____	_____	_____
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Business Office Supervisor	_____	_____	_____
Office Manager	_____	_____	_____
Practice Administrator	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

I completed it! Send me a free 2009 Practice Management STATS Quick Reference for _____ (indicate specialty) for _____ region (indicate East, West, Midwest, South, or National) to be sent in March, 2009 to:

_____ Name _____ Address _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____ Email: _____

**Please mail to: Practice Support Resources, Inc., 4230 Phelps Rd. Ste. E, Independence, MO 64055
 OR fax to: 816-478-8914**

Thank you!