



4401 Foxden Dr  
Richmond, Virginia 23223  
804-840-6575 P  
804-226-9496 F

**Provider Survey**  
Print Out and please fax back to 804-226-9496

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

Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Speciality: \_\_\_\_\_ # of Providers: \_\_\_\_\_

Office Staff: \_\_\_\_\_ # Patients/ day \_\_\_\_\_

Active accounts \_\_\_\_\_ # Procedures / patients \_\_\_\_\_

Commercial Claims \_\_\_\_\_ # Medicaid patients \_\_\_\_\_

What insurance companies do you have the most problems with? \_\_\_\_\_

Monthly ins. payment \_\_\_\_\_ # rejected Claims/ \_\_\_\_\_

Timeline to receiving Payment \_\_\_\_\_ # Patients statements/month \_\_\_\_\_

Do you have an outstanding accounts receivable? \_\_\_\_\_

If so approximate balance \_\_\_\_\_

What system are you currently using? \_\_\_\_\_