



Date: _____

National PT

Physician Practice Questionnaire

Account Name: _____ **Key Contact:** _____

Address: _____

City, State, Zip: _____

Phone Number: _____ **Email Address:** _____

Currently at your clinic,

- What are the current number of patient visits
 1. Per week
 2. Per month
 3. Per year
- What is the Average number of units billed per patient visit (Excluding hot/cold packs)
- What is the Average \$ charge per patient visit
 1. \$ _____
- What are the total patient charges (billables) per month
 1. Avg per month over the previous 12 months / year
 2. Month by month for year
- How much \$ was collected per month
 1. Avg per month over year
 2. Month by month for year
- Total patient visits scheduled over a recent 4 week period (or current periods)
- What are the average number of cancelled appointments by patients per week
 1. Over 4 week period
- What are the average number of patient no shows per week
 1. Over 4 week period
- What is the number of new evaluations over same 4 week period
 1. Week 1, 2, 3, 4 (by week)
- When (time slots) are patients scheduled for regular visits and when are they scheduled for evaluations
- What is the payor mix for your patients (the top 10 insurances which total at least 80%)
- What are the clinic hours of operation day by day
- Number of physical therapists on staff
 1. Full time
 2. Part time
- Number of physical therapy assistants on staff
 1. Full time
 2. Part time
- Number of physical therapy techs on staff
 1. Full time
 2. Part time

Date: _____

- Expenses per employee
 1. Salary per employee breakdown
 2. Health care & Benefits per employee
- Please provide a breakdown of all expenses for the clinic
 1. Total expenses for clinic
- What is the number of referrals that are sent to the clinic
 1. Per week
 2. Per month
 3. Per year