



Practice Assessment Questionnaire

OPERATIONS

1. What type of corporation? _____
A. Sole Proprietor YES NO
B. Married YES NO
2. Do you use a computerized practice management system; if so, what type i.e. Windows and what is the name of the program?
YES NO Program name: _____
- Data Back-Up and preservation YES NO
 - Copy of Encounter YES NO
3. Total number of exam rooms. _____
4. Total number of providers. _____
Please attach CV for all providers
- Professional Liability (Current Copy) YES NO
5. Is the facility owned or leased? Owned Leased
- A. Lease inception date _____
- B. Lease term date _____
- C. Lease rate \$ _____
- D. Square footage _____
- E. NNN or Full Service _____
- F. Copy of Lease _____
6. What are the hours of operation? _____
- Scheduling Protocol _____
 - Patient & Practice Flow _____
7. Numbers of years in practice. _____



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11. Total number of active charts _____
12. Total number of charts _____
13. Please attach a copy of the fixed assets including values. _____
14. High Speed Internet _____
15. Global Communications _____
16. Copies of current City, State and Occupational Licenses _____
17. Supply ordering (Medical, Business, and Printing) _____
18. Security _____
19. Janitorial _____
20. Signage _____

FINANCE

1. Do you have a current budget? YES NO
2. Does the practice market and what percent of revenue comes from marketing? _____
3. What percent of revenue comes from Managed Care? _____
4. Do you submit claims electronically? YES NO
5. Do you receive electronic payment for claims? YES NO
6. Is your billing done in house or outsourced? _____
7. Are you aligned with a collection agency? YES NO
8. Aggregate Patient AR amount \$ _____
9. Aggregate Insurance AR amount \$ _____
10. Insurance Aging Buckets Current: \$ _____



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31-60 Days: \$ _____

61-90 Days: \$ _____

91-120 Days: \$ _____

>120 Days: \$ _____

11. Patient Aging Buckets Current: \$ _____

31-60 Days: \$ _____

61-90 Days: \$ _____

91-120 Days: \$ _____

>120 Days: \$ _____

12. Please provide a copy of the provider fee schedule.

13. AR collection program YES NO

14. What is the current accounting protocol?

15. Retain current accounting program. YES NO

• Annual Fee \$ _____

16. Retain current CPA YES NO

17. Retain bookkeeper YES NO

• Approximate expense of bookkeeper _____

18. Payroll process (In house or Payroll agency) _____

19. Bad debt write off protocol (annual) _____

HUMAN RESOURCE

1. Number of employees Full Time _____

Part Time _____



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2. Employees name, title, date of hire and pay rate.

- 1. _____ DOH: _____ Title: _____ % Time _____ Rate: _____
- 2. _____ DOH: _____ Title: _____ % Time _____ Rate: _____
- 3. _____ DOH: _____ Title: _____ % Time _____ Rate: _____
- 4. _____ DOH: _____ Title: _____ % Time _____ Rate: _____
- 5. _____ DOH: _____ Title: _____ % Time _____ Rate: _____
- 6. _____ DOH: _____ Title: _____ % Time _____ Rate: _____
- 7. _____ DOH: _____ Title: _____ % Time _____ Rate: _____

• Job descriptions of current employees

3. Are employee benefits offered? YES NO

If so, through which insurance provider _____

Coverage Specifications _____

Health, Dental

YES NO

Retirement, 401K

YES NO

Vacation

YES NO

Holiday

YES NO

PTO

YES NO

4. HIPPA _____

5. Workamn's Comp _____

6. Employee Handbook _____

7. Standard Operating Procedures _____

8. Current Payroll Process _____

9. Hiring/Background Process _____

10. Pay Scale _____



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11. OSHA _____

MEDICAL

1. Annual total of comprehensive exams. Current _____ Last Year _____ 2 years _____

2. Total number of new patients. Current _____ Last Year _____ 2 years _____

3. Annual medical visits. Current _____ Last Year _____ 2 years _____

4. Glaucoma Current _____ Last Year _____ 2 years _____

5. Retina Current _____ Last Year _____ 2 years _____

6. Cornea Current _____ Last Year _____ 2 years _____

7. Cataracts Current _____ Last Year _____ 2 years _____

8. Lasik Current _____ Last Year _____ 2 years _____

9. Other Current _____ Last Year _____ 2 years _____

10. Total number visual field appts Current _____ Last Year _____ 2 years _____

11. What is the average number of Med/Surg referrals per day? _____

12. What is the average number of Med/Surg referrals per week? _____

13. What is the total number of MD's you refer to and who are they?

14. Please provide a copy of the provider's appointment schedule.

15. What are the provider wait times? _____

16. What insurance providers are you contracted with?



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17. Medicare represents what percent of your net revenue?

Current year _____ Last year _____ 2 year _____

18. Medicare visits?

Current year _____ Last year _____ 2 year _____

19. VSP represents what percent of your net revenue?

Current year _____ Last year _____ 2 year _____

20. VSP visits?

Current year _____ Last year _____ 2 year _____

21. Fee for Service/ Patient Pay represents what percent of your net revenue?

Current year _____ Last year _____ 2 year _____

22. Fee for Service/ Patient Pay visits?

Current year _____ Last year _____ 2 year _____

OPTICAL

1. Does your practice offer an optical eyewear to your patients? YES NO

2. Annual optical net revenue for the last 3 years.

Current year _____ Last year _____ 2 year _____

3. Annual scripts captured by optician for the last 3 years.

Current year _____ Last year _____ 2 year _____

4. Annual cost of goods for optical from the last 3 years.

Current year _____ Last year _____ 2 year _____

5. Do you have an optical fee schedule? YES NO



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6. Please attach a copy of optical fee schedule.
7. What is your lens market up formula? _____
8. What is your frame market up formula? _____
9. Is this calculated from Frames Book published wholesale price or from your invoice? _____
10. What is your contact lens market up formula? _____
11. Is this calculated from Tyler Quarterly published wholesale price or from your invoice? _____
12. How many frame vendors do you utilize? _____
13. Are the vendors under signed agreement? YES NO
14. Do you use frame board management? YES NO
15. Total number in your frame inventory. _____
16. Frame inventory process _____
17. What is the total number of back stocked frames for optical? _____
18. Total number of frames sold per month. _____
19. Please provide a copy of last month's frame vendor statements(Finished/Uncut).
20. Are optical orders placed via the phone, fax, courier or internet? _____
21. Do you have an incentive program? YES NO
22. What is the structure of the incentive program?
23. Please attach of copy of the incentive program and the last 3 months of the actual payout.
24. Total monthly optical "gross" sales including frames but not including contact lenses.
\$ _____



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25. What is the percentage of optical (eyewear sales) revenue to total practice revenue? _____

26. Total monthly contact lens "gross" sales. \$ _____

27. Which lab(s) does your optical utilize? _____

28. Please attach a copy of your wholesale lens laboratory price list.

29. Please provide a copy of your last month's lab statement.

30. Please provide copies of the following lens laboratory statements:

- a. Progressive: CR-39, Polycarbonate and High Index Plastic 1.60
- b. Single Vision: CR-39, Polycarbonate and High Index Plastic 1.60
- c. Flat Top 28: CR-39, Polycarbonate and High Index Plastic 1.60
- d. 7X28 Trifocal: CR-39, Polycarbonate and High Index Plastic 1.60

31. Annual number of contact lenses sold. _____

32. Please attach a copy of your contact lens fee schedule.

33. Please attach a copy of your contact lens wholesale pricing.

34. Please provide a copy of your last month's contact lens statement.

35. Please list vendors and direct purchase manufacturers.

_____	_____
_____	_____
_____	_____
_____	_____



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