



## **NEW CLIENT QUESTIONNAIRE – A/R WIND-DOWNS**

Healthcare Recovery Specialists, LLC (HRS) is a highly specialized company designed to flexibly handle various healthcare accounts receivable situations. Since 1997, HRS has established itself as a company capable of effectively aiding various medical institutions and groups in their efforts to properly manage their receivables. The primary focus of this questionnaire is for the purposes of an A/R Wind-down and/or Clean up. HRS has been providing this service since 1997 and we have provided more A/R Wind-downs than any other company in the country. We have done projects ranging from \$300,000 to over \$20 Million and on several occasions we have been brought in by the courts to provide expert advice and services for Bankruptcy situations.

Many factors and criteria are considered when establishing a fair service fee. Please review, complete, and return the questionnaire below so we can better evaluate the business you plan on placing, and calculate the most reasonable fee for you.

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this to be a Financial Class or Self-Pay Wind-down? (Ask Sales Person for explanation)				
Can we get a copy of the most recent End of Month Report supplied by your old billing co?	YES		NO	Please Circle
Average Age of Charge (Date of Service to Today)				
Is an Aging Report by Payor Available (ATB)	YES		NO	Please Circle
Does the billing company re-age based on financial Class	YES		NO	Please Circle
Total Number of Accounts				
Total Balance of A/R				
Can the A/R be exported with transactional history	YES		NO	Please Circle
Number of Physicians				
Number of Locations				
Demographics of Area Served	Good	Avg	Poor	Please Circle

What is the Expected Start Date? \_\_\_\_\_

What are your Biggest Concerns with this project? \_\_\_\_\_

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What are the primary Reasons for Leaving Old Billing Co.? \_\_\_\_\_

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If your current billing company is third party, please provide the following information:

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Software Application: \_\_\_\_\_

If your previous billing company was third party, please provide the following information:

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Software Application: \_\_\_\_\_

Method that will be used to transfer accounts to HRS, LLC: \_\_\_\_\_

Most frequently, HRS, LLC receives a one-time transfer of accounts when working on A/R wind downs. If this will not be the case for this A/R wind down, please explain:

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The following is a checklist of the data that HRS requires in order to provide the best possible results. Please note what fields will be on the file transfer.

Data Elements Need for MBB/HRS	YES	NO
Guarantor Name		
Guarantor Address, City, State, Zip		
Guarantor Home Phone		
Guarantor Work Phone and Place of Employment		
Guarantor Date of Birth (DOB)		
Guarantor Social Security Number (SSN)		
Patient Name		
Patient Address, City, State, Zip		
Patient Home Phone		
Patient Work Phone and Place of Employment		
Patient Date of Birth (DOB)		
Patient Social Security Number (SSN)		
Patient Sex		
Insured's Name		
Insurance Company Name		
Insurance Company Address		
Insurance Company Phone		
Insurance Policy and Group Numbers		
Pat Relationship to Insured		
Status Code / Financial Class		
Service Specialty		
Service Doctor/Provider (Name and Code)		
Date of Service (DOS)		
CPT Codes		
CPT Description		
Modifiers		
DX Codes		
Service Location information (Name of Facility)		
Place of Service (hospital inpatient/outpatient, office, home, emergency, etc...)		
Quantity		
Referring Physician		
Client Reference Number		
Original Charge Amount		

Current Charge Balance (Amount to be Loaded)		
Past Billing/Payment History		
- Insurance billed		
- Adjustments / payments		
- Statement dates		
- Notes		
Name and address of any healthcare provider and/or health plan pertaining to the account.		

**Additional Procedural Questions:**

- 1) Are accounts going to MBB for collections? If not MBB, then what collection agency and how are they being transferred? \_\_\_\_\_.
- 2) Can HRS use our Lock Box/PO Address for "agency" payments being deposited? \_\_\_\_\_.
- 3) Where are "client" directs coming from? New Billing Co.? Who? \_\_\_\_\_.
- 4) How are "client" directs being reported? (email, fax, phone, etc. . .) \_\_\_\_\_.
- 5) What is the refund procedure? \_\_\_\_\_.
- 6) What do we do with "Can't Find" payments and/or correspondence? \_\_\_\_\_.
- 7) Is there any special reports or special handling needed for month end? \_\_\_\_\_.
- 8) Do we have a Cross-reference file for Insurance and Dr. Info? \_\_\_\_\_.
- 9) How is data being transferred from the previous Billing Co.? (Direct to the HRS FTP Site or a CD to the Client)? \_\_\_\_\_.
- 10) Does the client understand that we do not load Credit Balances and/or Zero Balance Accounts as a standard procedure? **Yes or No** (Circle One)

Thank you very much for completing and returning this questionnaire. A knowledgeable member our team will evaluate the information you provided, and contact you within 1-2 business days.

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Questions? Please feel free to contact Todd W. Gillis at 847-954-4240 or email [tgillis@mbb.net](mailto:tgillis@mbb.net) or Dennis Mock at 847-954-4222 or email [jdm@mbb.net](mailto:jdm@mbb.net).