

**KarenZupko & Associates, Inc.**

**312-642-5616**

**312-642-5571 (fax)**

**625 N. Michigan Avenue**

**Suite 702**

**Chicago, IL 60611**

*The answers to these questions will allow us to identify the appropriate associate to meet your needs as well as provide you with a quotation on professional fees and scheduling for a site visit. If you need more room to respond to any of these questions, please use an additional sheet of paper.*

## **Prospective Client Information**

### **Plastic Surgery**

Practice Name: \_\_\_\_\_

Specialty(ies): \_\_\_\_\_

Number of Physicians: \_\_\_\_\_ Year Practice Established: \_\_\_\_\_

Number of Aesthetic Surgery Cases, YTD: \_\_\_\_\_

Number of Reconstructive Surgery Cases, YTD: \_\_\_\_\_

#### ***Your Expectations***

*Note: a physician must complete this section of the profile. An additional response by the practice administrator is helpful and welcome.*

#### **Physician response (required):**

As the result of this consultation, what two to three issues or areas do you want to be demonstrably different?

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#### **Administrator/manager response:**

As the result of this consultation, what two to three issues or areas do you want to be demonstrably different?

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*Personnel Roster***

Administrative/Staff

List out, by job title, all staff positions or attach a complete roster showing:

<b>Job Title</b>	<b>Part-Time</b>	<b>Full-Time</b>	<b>Length of Service</b>
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(Explain if duties are assigned to specific physicians or facilities)

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***Strategy & Change***

Identify the two most significant strategic challenges you face.

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Identify any major changes the practice has undergone in the past two years. (Mergers, additional or retiring physicians/partners, addition of a new service line, etc.)

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***Computer System***

Do you use a billing service or in-house billing? \_\_\_\_\_

Software: \_\_\_\_\_

Version: \_\_\_\_\_ Last Update: \_\_\_\_\_

Are you satisfied with the system? \_\_\_\_\_

***General***

How many office sites are there? \_\_\_\_\_

How many sites would you like us to visit as part of the consultation?

\_\_\_\_\_

How has the number of employees changed in the past three years?

\_\_\_\_\_

Are there any special services? (Office surgicenter, skin care room, endermologie, cosmetic dispensing, etc.)

\_\_\_\_\_

List the hospitals where the practice physician(s) have privileges:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***Reimbursement***

What is your year-to-date collection ratio? \_\_\_\_\_

How does this compare to last year at this time? \_\_\_\_\_

Are you satisfied with your collection ratio? \_\_\_\_\_

How has the payor mix and collection ratio changed in the past two years?

\_\_\_\_\_  
\_\_\_\_\_

How many managed care plans do you participate in? \_\_\_\_\_

HMO \_\_\_\_\_

PPO \_\_\_\_\_

Capitated Lives \_\_\_\_\_

Are you participating in an IPA? \_\_\_\_\_

More than one? \_\_\_\_\_

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***Scheduling***

Do you need this proposal for a certain deadline? \_\_\_\_\_

When do you envision the consultation taking place? \_\_\_\_\_

*How would you like to receive the proposal?*

Personal and Confidential

Via fax at the office

Via fax at home  Home fax number (\_\_\_\_) \_\_\_\_\_

Via mail at the office

Via mail at home  Home address: \_\_\_\_\_

\_\_\_\_\_

Estimated timeframe for review of proposal? \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: often times, the practice administrator/manager completes this profile. In our experience, it is important that a physician shareholder review the responses to ensure that our initial proposal will address all expectations.*

Physician shareholder: (required) \_\_\_\_\_

Practice address: \_\_\_\_\_

(No post office box numbers, please)

City, State, Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_