THE STRATEGIC CHIROPRACTOR
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Practice Analysis Questionnaire

Answer all the questions as completely as possible. If you have a software program that provides relevant statistics/data for some of the questions, you may attach it.

Practice Contact Info:

Your Name:_____ Yrs in Practice_____
Practice Name:_____ Yrs Owned_____
Practice Address: _____
City: _____ State: _____ Zip: _____
Practice Phone:_____ Fax:_____

Personal Contact Info:

Home Phone/Cell: _____Email_____

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What do you think are the top three things (rank in order) challenges you face in your practice that affect its overall profitability:

1._____

2._____

3._____

What are the top three specific goals, achievements, or directions that you would like to your practice to accomplish over the next year. (For example: Increase Collections by $50,000; Work Less Hours, But Maintain Same Income; See 200 Pts per Week, etc)

1. _____

2. _____

3. _____

General Practice Background:

Current coach/practice management group? _____

Other management groups used in past:_____

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General Practice Background (continued):

Chiropractic Techniques Used:_____

What percentage of your practice is each of the following:

	(In terms of Visits)		(In terms of $$$)
___	Personal Injury	___	Personal Injury
___	Workers Comp	___	Workers Comp
___	Insurance	___	Insurance
___	Medicare/Medicaid	___	Medicare/Medicaid
___	Cash	___	Cash

What percentage of your New Patients come from the following sources:

___	Patient Referrals	___	Physician Referrals
___	Events/Screenings	___	Attorney Referrals
___	Lectures/Seminars	___	Insurance Provider List
___	Walk In/Call Ins	___	Internet/Website
___	Other: _____		

Are you a: _____ Solo DC _____ Owner DC + Associate ___ Partner (2 DC's) ___ Group (3+ DC's)

Do you have other practitioners in your practice? If so, how many?
_____ Massage Therapist _____ Acupuncturist _____Physical Therapist
_____ Medical Doctor _____ Other: Type:_____

Are these practitioners _____ employees or _____ independent contractors?

How many staff do you have? Full Time _____ Part Time _____
How satisfied are you with staff? Very satisfied _____ Somewhat satisfied _____ Unsatisfied_____

Billing, Coding & Financial Data

Do you use handwritten or computerized notes for charting SOAP/Exams? (Circle one)
If computerized, what system are you using?_____

Do you use software for practice management? Which one?_____

How satisfied are you with your current note taking system for charting SOAP and exams?
_____ Very Satisfied _____ Adequate _____ Unhappy with present system

How confident are you that your current note taking system/documentation is compliant?
_____ Very Confident _____ Somewhat confident _____ Not confident/uncertain

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Billing, Coding & Financial Data (Continued):

How confident are you that your current billing & coding is compliant?
_____ Very Confident _____ Somewhat confident _____ Not confident/uncertain

How confident are you that your current billing/coding is effectively getting you paid?
_____ Very Confident _____ Somewhat confident _____ Not confident/uncertain

Is your billing done _____In-House _____ Outsourced? Avg Monthly Cost $:_____
Claims submitted _____on Paper _____Electronically _____ Both

How satisfied are you with your present Billing arrangements, whether in-house or outsourced?
_____ Very Satisfied _____ Adequate _____ Unhappy with present system

What is your current Accounts Receivable: $_____
% or $ of Accounts receivable over 60 days:_____
% or $ of Accounts receivable over 90 days:_____
% or $ of Accounts receivable over 180 days:_____

How much "fee resistance" (fee complaints) do you get from patients?: _____ pt per day/week/mo

If you get any fee resistance, is it generally about the price of your:
_____ exam _____ x-rays _____ adjustments _____ all of the above

When was the last time you raised your fees? _____ month _____ year

Describe how you determine your fees for services:
_____

Are you PAR or Non-PAR for Medicare? (circle one)

Do you offer a cash or time of service discount? YES NO. Describe:_____

Do you have a written compliance manual? _____ A written Financial Policy? _____

Procedural Demographics

Length of avg NP visit (your time)? _____ hours _____minutes. Typical Exam code Billed? _____

Length of avg office visit (your time)? _____minutes. Typical code(s) Billed? _____

Do you use a Report of Findings for New Patients? _____ Typical code billed_____

Do you Re-exam? _____ At what intervals? _____ days/weeks/months Code Billed?_____

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Do you bill E&M for? _____Exams only _____Counseling & Coordination of Care

Do you adjust extremities? _____ How often? _____ pts per day / month Code Billed?_____

Do you perform or demonstrate exercises/rehab with patients? _____ Does DC do this or assistant?
How often?_____ pts per day / month Typical Code Billed?_____

Estimate the % of time you perform modalities on patients. (Answer may add up to more than 100%. For Example, if you ice everyone (100%), use heat on half patients (50%) and put 25% of patient on traction, indicate as such below:

_____ Ice
_____ Heat
_____ Traction
_____Intersegmental Traction
_____Cold Laser
_____ Ultrasound
_____ Electric Stim
_____ Spinal Decompression
_____Hydrotherapy bed/water massage
Other: List type:_____

Ancillary Products

Do you fit for Orthotics? _____ How often? _____ pts per week/month. Orthotic type:_____
Do you bill insurance for orthotics? _____ Typical code(s) billed:_____

Which of the following ancillary products are available for purchase in your office:

_____ Supplements
_____ Orthopedic Supplies (back belts, neck collars, etc)
_____ Pillows
_____ Exercise Equipment (Tubing, Balls)
_____ Analgesics/Pain Relief (BioFreeze, Icy Hot, etc)
_____ Kinesio-Tape
_____Other:_____

Do you bill insurance for products? _____ Typical code(s) billed:_____

For what % of your practice do you recommend ancillary products? _____
What % of your practice purchases ancillary products from you? _____

Diagnostic Testing Demographics

Do you take X-rays onsite? _____ Estimate % of patients x-rays are taken on:_____
Do you use an outside source for reading x-rays? _____ Do you bill for reading x-rays?_____

Do you refer patients out for MRI's, CT scans, other diagnostic imaging? _____
Estimate the rate you refer for these procedures _____ per week / month

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Physical Space / Capacity Check-up

How large is your office facility? _____ sq ft. # of adjusting rooms? _____
# of separate exam rooms? _____ # of therapy rooms? _____
Do you have a separate Doctors office? ____ A separate billing office? _____

Which of the following best describes the overall look/quality of your facility? (check one)

____ Brand New/Looks New/Modern/Updated
____Professional/Well Kept/Needs Minor Updating or Repairs
____Marginal/A little worn/Somewhat Outdated/Needs Repairs
____Run down/Needs updating/Major Repairs needed

Estimate % of time your **schedule** is at 100% capacity? (Booked Solid, No openings) _____
Estimate % of time your **facility** is at 100% capacity? (Using all rooms, waiting area filled) _____

Do you have unused space in your clinic that could be another treatment room for you or another provider? YES / NO Approx Sq Feet of Space_____ Approx # of unused rooms _____

Are you willing to hire another DC? ____ Is the practice financially able? ____
Are you willing to hire another provider (massage, acupuncture, etc) ____ Financially able? ____

What type of provider would fit best with your practice style that you would be interested in implementing?_____

How would you describe your practice volume on avg & which ranges are you comfortable with?
I am currently seeing ____ pt visits per week. I am comfortable seeing ____ pts per week.

Practice Statistics

Please estimate the following on a yearly average basis **for chiropractic only and only for yourself**: (If you employ another practitioner, we will use those numbers later)

Patient Visits per week: ____
Monthly Patient visits: ____
Monthly New Patients: ____
Gross Monthly Services: $_____
Monthly Collections: $_____
Report of Findings/ month ____
Re-exams per month ____

Please Attach the Following Items to your Practice Analysis:

____ Your Fee Schedule ____ Monthly Stats for the past year (Services, Collections, Pt Visits, NPs)
____ Procedure count for 12 months itemized by procedure ____ List of Product Sales for 12 mos
____ A copy of your floorplan (or a hand drawn sketch) showing the layout of your office

CONGRATULATIONS – YOU'VE FINISHED! PLEASE FAX PAPERWORK TO (888) 508-8356