



**QUESTIONNAIRE**

**Name of Practice & Doctor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Time Zone:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Nearby Landmarks:** \_\_\_\_\_

**Office Staff:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Hours**

	Office Hours	Doctor's Hours/Available Scheduling Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**Accepted Insurance Carriers:**

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

**Fees:**

**NP Exam Reg:** \_\_\_\_\_ **NP Exam w/ Discount for Self-Pay:** \_\_\_\_\_  
**EP Exam Reg:** \_\_\_\_\_ **EP Exam w/ Discount for Self-Pay:** \_\_\_\_\_  
**NP OV Reg:** \_\_\_\_\_ **NP OV w/ Discount for Self-Pay:** \_\_\_\_\_

**Payment Plans for Services:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Care Credit** \_\_\_\_\_  
**Payment Plans for Glasses:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Care Credit** \_\_\_\_\_

**Recalls:**

**Does your office pre-appoint?** \_\_\_\_\_ **If yes, do send out correspondence?** \_\_\_\_\_  
**What is your current recall system?** \_\_\_\_\_  
**Are you interested in forwarding incoming lines to us?** \_\_\_\_\_  
**Are you interested in our insurance verification services?** \_\_\_\_\_  
**Daily confirmation services?** \_\_\_\_\_ **F/U of Cancellations & No-Shows?** \_\_\_\_\_  
**What Practice Management Software does your office use?** \_\_\_\_\_  
**IT Technician's Contact Info:** \_\_\_\_\_  
**Additional Comments:** \_\_\_\_\_