

Revenue Enhancement Program DATA REQUIREMENTS

Date:		Practice Name:			
Doctor Name:		Contact Person:		E-Mail:	
Work# ()	Fax# ()	Home# ()		Mobile # ()	
Address:				City:	
State:		Zip:		CPA Name:	
How did you hear about Revenue Enhancement?				Who may we thank for referring you?	

BEFORE BEGINNING - Select a recent 6- or 12-month period and provide the following information from your practice management software based on this same 6- or 12-month period: **Month** _____ **to** _____.

CHECKLIST - Please check off each item upon completion:

- ___ A. Type of Practice: General Dentistry Prosthodontics Pediatrics Periodontics
- ___ B. Zip Code for your practice: _____
- ___ C. Provide us with your ADA-coded fee schedule AND ADA-coded procedure count (office) report for the practice, itemized by ADA-coded procedure, not category, for a six- or twelve-month period.
- ___ D. List the practice's total monthly production and collections for the same 6- or 12-month period below:

Month	Production	Collections
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
6	\$	\$

Month	Production	Collections
7	\$	\$
8	\$	\$
9	\$	\$
10	\$	\$
11	\$	\$
12	\$	\$

___ F. Date of last fee increase _____ (Month) _____ (Year)

Answer All Applicable Questions:

1. What are the number of Dentist days worked per week?
(Ex. – 1 dr. working 4 days plus 1 dr. working 3 days = 7 _____ total dentist days/week
days)
 2. What are the average Hygiene days worked per week?
(Include any assisted hygiene days by assistants in the _____ hygiene days/week
count – count all hygienists)
 3. What is the overall doctor busyness (solidly booked) in _____ weeks
terms of weeks (ex. 2.5 weeks or .5 weeks)
 4. Check off the overall busyness of the hygiene _____ open slots - several days out
department: _____ booked solid
_____ overflowing – difficult to get
patient on to schedule,
particularly SRP
 5. Do you code all new patient evaluations (children* and _____ Yes _____ No
adults) as D0150? If "Yes," proceed to #6.
 - A. If "No," do you code new patient children as D0120 _____ Yes _____ No
to hold down the new patient evaluation fee? (If
"Yes," do not use D0120 in the future, but use D0150
– the correct code – at a lesser fee)
 - B. If "No," do you code new patient perio patients as _____ Yes _____ No
code D0180 (comprehensive perio evaluation)? (If
"Yes," do not use code D0180 for new patient (perio)
evaluations in the general practice as D0150 is a
more broad and in-depth evaluation)
- *Technically, use D0145 if child is under 3 years old
6. Did the practice "alternate" the coding for Prophylaxis _____ Yes _____ No
(D1110) and Periodontal Maintenance (D4910), during
the time period submitted?
 7. List the fees charged for the following services (upper _____ \$_____/_____% Upper/lower trays (total
and lower arch) and percentage of services rendered _____ fee for both)
(totaling 100%): _____ \$_____/_____% In-office power bleach
 8. What is the managed care (PPO/discounted plans) _____ %
percentage of the practice revenues?

REVENUE ENHANCEMENT CONSULTATION (includes unlimited support for one year)

Fee: \$1,590 - Two monthly payments of \$795 each

UPON COMPLETION, mail form and required data to:

Dr. Charles Blair & Associates, Inc.
ATTN: Debbie Hains
Pinnacle Professional Park, 547 Highland Street, Mt. Holly, NC 28120
866-858-7596 (phone) 704-822-3142 (fax)

**After his initial review, Dr. Blair will contact you with his preliminary results.
These results will determine how much additional profit your practice can earn by enrolling.**