



DATA REQUIREMENTS

Dr. Charles Blair, Analyst

Date:		Practice Name:	
Doctor:		Contact Person*:	
Work# ()		Fax# ()	
Home# ()		E-Mail:	
Address:			City:
State:	Zip:	CPA Name:	

***PracticeBooster or your CPA/consultant will contact this person if additional information is required.**

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
- ___ 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	\$	\$

Clinical Treatment IntensifierSM Questionnaire:

- 1. What are the number of Dentist days worked per week? (Ex. – 1 dr. working 4 days plus 1 dr. working 3 days = 7 days) _____ total dentist days/week
 - 2. What are the average Hygiene days worked per week? (Include any assisted hygiene days by assistants in the count – count all hygienists) _____ hygiene days/week
 - 3. What is the overall doctor busyness (solidly booked) in terms of weeks (ex. 2.5 weeks or .5 weeks) _____ weeks
 - 4. Check off the overall busyness of the hygiene department: _____ open slots - several days out
_____ booked solid
_____ overflowing – difficult to get patient on to schedule, particularly SRP
 - 5. Do you code all new patient evaluations (children* and adults) as D0150? If "Yes," proceed to #6. _____ Yes _____ No
 - A. If "No," do you code new patient children as D0120 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) _____ Yes _____ No
 - B. If "No," do you code new patient perio patients as 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) _____ Yes _____ No
- *Technically, use D0145 if child is under 3 years old
- 6. Did the practice "alternate" the coding for Prophylaxis (D1110) and Periodontal Maintenance (D4910), during the time period submitted? _____ Yes _____ No
 - 7. List the fees charged for the following tooth whitening services (fee for both upper and lower arch) and percentage of each service rendered (totaling 100%):
\$ _____ % Take-home trays
\$ _____ % In-office power bleach w/ trays
Total 100%
 - 8. What is the managed care (PPO/discounted plans) percentage of the practice revenues? _____ %

PRACTICEBOOSTER® ANALYSIS AND CONSULTATION

Fee: \$1,195

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Signature: _____

UPON COMPLETION, mail form and required data to:

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