

## Medical Receivables Client Profile

### CCFC/Referral Representative Information

Name \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Provider Information

Provider name \_\_\_\_\_  
Present address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact name \_\_\_\_\_ Title \_\_\_\_\_  
Type of facility  Physician  Hospital  SNF  
 Long-term care  Durable Medical Equipment  Other \_\_\_\_\_  
Structure  Corporation  Partnership  Sole Proprietorship  
License number \_\_\_\_\_ Federal Tax ID number \_\_\_\_\_  
Administrator/Owner \_\_\_\_\_  
Chief Financial Officer \_\_\_\_\_  
Director of Patient Accounts/Business Office \_\_\_\_\_  
Director of Data Processing \_\_\_\_\_  
Manager of Collections \_\_\_\_\_

What liens exist against the accounts receivable?

Bank	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Amount _____
IRS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Amount _____
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Amount _____

Why does Provider desire to sell receivables? \_\_\_\_\_

How long does Provider desire to continue selling receivables? \_\_\_\_\_

How much cash is requested at initial funding? \_\_\_\_\_

Is there current or pending litigation against the Provider?

Does Provider do its own payroll? \_\_\_\_\_ or use third party (name)? \_\_\_\_\_

Are payroll taxes current? \_\_\_\_\_ If not, amount delinquent \_\_\_\_\_

Are Federal taxes current? \_\_\_\_\_ If not, amount delinquent \_\_\_\_\_

Are State taxes current? If not, amount delinquent \_\_\_\_\_

Has Provider ever had a Medicare offset? \_\_\_\_\_ Amount of offset \_\_\_\_\_

Amount of previous offset(s) remaining unpaid \_\_\_\_\_

Is there a Medicare offset pending? \_\_\_\_\_ Estimated amount \_\_\_\_\_

Date of last cost reporting filing \_\_\_\_\_

*Please complete other side/next page.*

What is the average number of insurance claims billed per month?

Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_

What is the average dollar amount of insurance claims billed per month?

Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_

What is the average total amount billed to insurance payors per month? (Complete below).

<b>Payor type</b>	<b>Monthly Average Billed</b>	<b>Net Collectible Value</b>	<b>Average days to Pay</b>
Commercial insurance	_____	_____ %	_____
Medicare	_____	_____ %	_____
Medicaid	_____	_____ %	_____
HMO/PPO	_____	_____ %	_____
Workers Comp	_____	_____ %	_____

What is the total amount of unpaid insurance claims aged less than 91 days in the above financial classes? \_\_\_\_\_

*Please attach a summary page from the aged trial balance.*