

Does your practice have a financial policy?		○ Yes ○ No (If yes, please provide a copy)
Does you have a separate fee schedule or amount you charge for the following?		
Self Pay Patients - Office		
Self Pay Patients - Hospital		
Medical Records Requests		
Returned / Bounced Checks		
School / Work Physicals		
Other		
Does your practice perform any of the following? (If yes, list Codes and Charges)		
Home Health Billings?	🔿 Yes 🔿 No	
Disability Exams?	🔿 Yes 🔿 No	
IMEs (Independent Medi cal Exams)?	○ Yes ○ No	
Other		
What is Medicare (MCR)allowable charge multiplies for billed amounts:		
Current	Prior to Medenet :	
Medenet Authorized to use : O 2.0* MCR O 2.5* MCR O 3.0* MCR O Other * MCR (Note : Mednet will bill all charges at the above indicated multiplier even if old DOS billing submitted.)		
Other		
At what amount do you stop sending a patient statements ? (You hereby authorize Medenet to Periodically write - off balances at the level indicated. \$5 and under will be used if no response.)		
○ \$5 and under ○ \$10 and under ○ \$15 and under ○ \$20 and under ○ Other		
Comment		

Important: Save the completed PDF form (use menu File - Save).