

PCP QUESTIONNAIRE FORM



Your Name/Group Name: _____

PCP QUESTIONNAIRE

Thank you for your interest in Prospect Medical. We are committed to adding physicians that will share our same vision, Quality Service ~ Quality Care. In order to help us evaluate your practice, please take a moment of your time to answer the following questions:

- Is this a solo or group practice? _____
- If a group, what is the Practice name? _____
- How many other physicians participate in the group? _____
- Where do you have active Hospital privileges?

- Does your practice have patient age limitations? _____
- Do you currently participate with other managed care organizations? _____
- What is your current managed care to fee-for-service mix? (i.e. 50/50) _____
- For the purposes of helping us determine your current patient load, approx how many members do you have in your practice at this time:
Fee For Service _____ Managed Care _____
- Do you utilize PA's or NP's, in your practice? _____
- If yes, how many currently do you have? _____
- What are your normal business hours? _____
- What is your current capacity for new enrollment? _____
- Do you have a certified coder that handles your billing? _____
- Do you handle your billing internally or do you use a billing service? _____ Can you submit claims electronically? _____
- Do you have an internet connection and does your staff utilize it for your practice? _____
- Prospect provides a web portal for referral, claims, and eligibility. Do you currently utilize systems like these for any other lines of business? _____

Completed by: _____

PLEASE FAX THE COMPLETED QUESTIONNAIRE
TO (714) 560-7399