

## 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 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 bleaching services \$\_\_\_\_\_/\_\_\_\_\_% Upper/lower trays (total fee for both)  
(upper and lower arch) and percentage of those services rendered (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: \$1,690 - Two monthly payments of \$845 each

**UPON COMPLETION**, mail, fax or email the data form and required data to:

Dr. Charles Blair & Associates, Inc.  
**ATTN: Julie Devinney** ([julie@drcharlesblair.com](mailto:julie@drcharlesblair.com))  
85 Catawba Street • P. O. Box 986 • Belmont, NC 28012-0986  
Phone: 866.858.7596 (toll-free) • Fax: 855.825.3960

**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.**