



LOS Membership Survey

Incentives:

There will be **3** drawings for **\$50 gift cards** for those who **complete and fax** this to us at 918-274-8354 **BEFORE 11/15/2010**.

Please check which best describes your position.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Medical Oncologist | <input type="checkbox"/> Hematologist | <input type="checkbox"/> Radiation Oncologist | <input type="checkbox"/> Radiation Therapist |
| <input type="checkbox"/> Radiologic Technologist | <input type="checkbox"/> Mid-Level Provider | <input type="checkbox"/> Nurse | <input type="checkbox"/> Medical Dosimetrist |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Office/ Business Manager | <input type="checkbox"/> Billing/Coding | <input type="checkbox"/> Business Staff |
| <input type="checkbox"/> Other _____ | | | |

Name: _____ Degree(s): _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Fax: _____

Practice Name: _____

Main Office Address: _____

City: _____ State: _____ Zip: _____ County: _____

Office Phone: (____) _____ Fax: (____) _____

Email: _____

Insurance Carriers: What are your top 10 payers and what percentage are they of your practice reimbursement?

_____ / ____%	_____ / ____%	_____ / ____%
_____ / ____%	_____ / ____%	_____ / ____%
_____ / ____%	_____ / ____%	_____ / ____%
_____ / ____%		

How many hours per week do you consider Full-Time _____ Part-Time _____ Flex Time _____

Benefits: What percentage does the practice pay?

Medical Insurance Employee _____% Family _____%

Dental Plan Employee _____% Family _____%

Life Insurance Employee _____%

Disability Employee _____%

Other _____

Which types of employees do you have in your practice?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Medical Oncologist | <input type="checkbox"/> Surgical Oncologist | <input type="checkbox"/> Radiation Oncologist | <input type="checkbox"/> Neuro Oncologist |
| <input type="checkbox"/> GYN Oncologist | <input type="checkbox"/> Hematologist | <input type="checkbox"/> Onc/Heme | <input type="checkbox"/> Medical Dosimetrist |
| <input type="checkbox"/> PA | <input type="checkbox"/> NP | <input type="checkbox"/> Chemo RN | <input type="checkbox"/> RN |
| <input type="checkbox"/> LPN | <input type="checkbox"/> MA | <input type="checkbox"/> Lab Supervisor | <input type="checkbox"/> Lab Assistant |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Phlebotomist | <input type="checkbox"/> Clinical Coordinator | <input type="checkbox"/> Receptionist (only) |
| <input type="checkbox"/> Receptionist/Scheduler | <input type="checkbox"/> Certified Coder | <input type="checkbox"/> File Clerk | <input type="checkbox"/> Data Entry (only) |
| <input type="checkbox"/> Billing Supervisor | <input type="checkbox"/> Billing Specialist | <input type="checkbox"/> Front Office Supervisor | <input type="checkbox"/> Biller/Data Entry |
| <input type="checkbox"/> Business Office Manager | <input type="checkbox"/> Assistant Manager | <input type="checkbox"/> Human Resource Manager | <input type="checkbox"/> Physician Liaison |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Pharmacy Tech | <input type="checkbox"/> Radiation Therapist | <input type="checkbox"/> Surgery Scheduler |
| <input type="checkbox"/> Patient Concierge | <input type="checkbox"/> Surgical PA | <input type="checkbox"/> Dietician/Nutritionist | <input type="checkbox"/> IT |
| <input type="checkbox"/> Multi-Purpose Worker | <input type="checkbox"/> Dosimetrist | <input type="checkbox"/> Radiology Technician | <input type="checkbox"/> CT Tech |
| <input type="checkbox"/> MRI Tech | <input type="checkbox"/> PET Tech | <input type="checkbox"/> Nuclear Medicine Tech | <input type="checkbox"/> Ultrasound Tech |
| <input type="checkbox"/> Mammography Tech | <input type="checkbox"/> Radiology Clerk | <input type="checkbox"/> Manager/Director | <input type="checkbox"/> Physicist |
| <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Other _____ | | |

Accepting new Medicare patients for 2011? Yes No

Accepting new Medicaid patients for 2011? Yes No

Did you participate in PQRI in 2010? Yes No

Did you participate in e-prescribing in 2010? Yes No

Number of FTE's per MD? _____

Number of staff doing Pre-Cert per MD? _____ Or number of Pre-Certs done per Pre-Cert employee per day? _____

Number of claims processed per MD per day? _____ Or number of claims per claims processor per day? _____

Number of new patients seen by MD each year? _____

Number of patients seen each year by MD? _____

Carry over PTO hours each year? Yes No _____ hours Or pay out over a certain number of hours? Yes No _____ hours

Do you have a functioning EMR? Yes No

If no, do you plan to install by 2011 Yes

2012 Yes

2013 Yes

Later Yes

No, I do not plan to install EMR

Thank you for helping us out! Survey results will be sent to participating practices.

PLEASE FAX THIS FORM TO 918-274-8354