

CLIENT REVIEW

MEETING DETAILS

CLIENT NUMBER#:

CLIENT NAME:

MEETING OR SENT DATE:

ACCOUNT EXECUTIVE:

EMAIL:

PHONE #:

RECIPIENT RECEIVING NAME:

RECIPIENT RECEIVING TITLE:

RECIPIENT RECEIVING EMAIL:

CLIENT REVENUE NUMBERS - START CLIENT REVENUE NUMBERS - END

DATE:

DATE:

REPORT TYPE Date of Entry ▾

PERFORMANCE METRICS

YTD TRANSPORTS	YTD REVENUE:	REVENUE PER TRANSPORT:	CHARGES:	PAYMENTS:	ADJUSTMENTS:	WRITE-OFFS:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COLLECTION
RATE %:

AE COMMENTS:

CLIENT COMMENTS:

YOUR CHARGE RATES

DATE OF LAST RATE CHANGE:

BLS: BLS NE: ALS: ALS NE: ALS2: MILEAGE: NON-TRANSPORT: ☐ Yes ☐ No

DO YOU WANT TO MAKE ANY CHANGES IN THE ABOVE RATES: ☐ Yes ☐ No

CLIENT COMMENTS:

AE COMMENTS:

CONTRACT STATUS

CONTRACT RENEWAL DATE:

CURRENT FEE % RATE:

CLIENT COMMENTS:

AE COMMENTS:

PERSONNEL CHANGES

CURRENT CHIEF'S:	CURRENT FISCAL OFFICER'S:	AUTHORIZED OFFICIAL'S:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Click	Click	Click
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No

ADDRESS INFORMATION

BILLING STREET ADDRESS: BILLING CITY ADDRESS: BILLING STATE ADDRESS: BILLING ZIP CODE:

Click

☐ Yes

☐ No

PHYSICAL LOCATION
STREET ADD:

Click

- ☐ Yes
☐ No

PHYSICAL LOCATION CITY
ADD:

PHYSICAL LOCATION
STATE ADD:

PHYSICAL LOCATION ZIP
CODE:

MAILING STREET ADDRESS: MAILING CITY ADDRESS: MAILING STATE ADDRESS: MAILING ZIP CODE:

Click

- ☐ Yes
☐ No

INSURANCE PAY TO
STREET ADD:

INSURANCE PAY TO CITY
ADD:

INSURANCE PAY TO STATE
ADD:

INSURANCE PAY TO ZIP
CODE:

Click

- ☐ Yes
☐ No

DEMOGRAPHIC CHANGES

MAJOR
BUSINESS
CLOSED:

- ☐ Yes
☐ No

NURSING HOME
CHANGES
TRANSPORTS:

- ☐ Yes
☐ No

CLIENT COMMENTS:

AE COMMENTS:

INFORMATION FROM MEDICOUNT

DO YOU USE THE
CLIENT PORTAL:

- ☐ Yes
☐ No

ARE YOU
RECEIVING EMAIL
ALERTS?

- ☐ Yes
☐ No

DO YOU CHECK
THE OIG
EXCLUSIONARY
LIST:

- ☐ Yes
☐ No

DO YOU
RECONCILE
YOUR RUNS:

- ☐ Yes
☐ No

CLIENT COMMENTS:

AE COMMENTS:

SIGNATURE COMPLIANCE: AE HAVE REVIEWED _____ RUNS. _____

MAY NOT HAVE MET THE PCR REQUIREMENTS.CHECK WITH YOUR ACCOUNT EXECUTIVE.

CLIENT REVIEW INTERVAL-HOW TO OFTEN DO YOU WANA MEET WITH YOUR ACCOUNT EXECUTIVE

REVIEW INTERVAL:

☐ Quarterly ☐ Semi-Annual ☐ Yearly

NEXT REVIEW SCHEDULE DATE:

DO YOU WANT YOUR ACCOUNT EXECUTIVE TO
CONTACT YOU - [CLICK HERE](#)

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