

## 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 

### 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

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REVIEW INTERVAL:

☐ Quarterly    ☐ Semi-Annual    ☐ Yearly

NEXT REVIEW SCHEDULE DATE:

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

Submit Form

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