

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
DATE:CLIENT REVENUE NUMBERS - END
DATE:

REPORT TYPE

PERFORMANCE METRICS

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

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 CLIENT COMMENTS:
ANY CHANGES IN THE
ABOVE RATES:

- ☐ Yes
☐ No

AE COMMENTS:

CONTRACT STATUS

CONTRACT
RENEWAL
DATE:

CURRENT
FEE % RATE:

CLIENT COMMENTS:

AE COMMENTS:

PERSONNEL CHANGES

CURRENT CHIEF'S:

Click

- ☐ Yes
☐ No

CURRENT FISCAL OFFICER'S:

Click

- ☐ Yes
☐ No

AUTHORIZED OFFICIAL'S:

Click

- ☐ Yes
☐ No

ADDRESS INFORMATION

BILLING STREET ADDRESS:

BILLING CITY ADDRESS:

BILLING STATE ADDRESS:

BILLING ZIP CODE:

Click

- ☐ Yes
☐ No

PHYSICAL LOCATION STREET
ADD:

PHYSICAL LOCATION CITY
ADD:

PHYSICAL LOCATION STATE
ADD:

PHYSICAL LOCATION ZIP
CODE:

Click

- ☐ Yes
☐ No

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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