Jim Naccarato DC, PhD The Realigned Practice

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Dr.		Add	ress:		
City	State	Zip F	Phone: ()	Fax ()	
	E-r	nail Address			
need to pay th	ne monthly bil	ls or sowing the	•	e building a practice actice/business that v	•
Last Three M	Months Avera	ges:			
New patients/ Patient visits/ Services/mon Collections/m	month th		Personal of		
Where Woul	d You Like T	o Be In One Ye	ar:		
New patients/month Business overhead/month Patient visits/month Personal overhead/month Services/month Total overhead/month Collections/month					
What are the have in one ye	-	ngs that need to	change to achieve	the practice you wou	ld like to
1		2		3	
What is your	plan: (use a bl	ank page if you i	need to)		
Professional:	:				Yes /N
2. Is there a r 3. Are you re 4. Are you re 5. Are you re 6. Do people 7. Are patient 8. Do you fee 9. Do you ha 10. Do you ha	espected by me espected by oth espected by oth listen to you? es embracing we el qualified to we confidence ave confidence	embers of your coner chiropractors her health care provided in business for in chiropractic's erin your future?	ommunity? in your communit ofessionals? e? or yourself?		

Personal:

1. Is your personal and professional life in balance?	
2. Are you happy with the relationship you have with your spouse?	
3. Are you happy with the relationship you have with your kids?	
4. Do you have enough free time to do the things you want to do?	
5. Are you happy?	
6. Are you experiencing excessive amounts of stress?	
7. Are you physically healthy?	
8. Are you emotionally healthy?	
9. Are you spiritually healthy?	
Financial:	
1. Are you current with your income taxes?	
2. Are you current with your payroll taxes?	
3. Are you current with your student loans?	
4. Are you in debt? (Excluding your mortgage)	
5. Is your collection ratio above 90%?	
6. Are your receivables between 60- and 90-days worth of services?	
7. Do you decrease your fees, wave the co-payment or deductible?	
8. Are you set up to successfully process the cash patient?	
9. Are you able to provide for your family's financial needs?	
Practice Building:	
1 De combres on internal and enternal modernia along	
1. Do you have an internal and external marketing plan?	
2. Do you have a dedicated referral program?	
3. Do your patients stay, pay and refer?	
4. Are you surprised when patients choose care? 5. Is your finencial report based on personal value?	
5. Is your financial report based on personal value? 6. Is your report of findings based on personal value?	
6. Is your report of findings based on personal value?7. Are you effective at managing patient "buyer's remorse"?	
8. Do you treat your patients first and their conditions second?	
8. Do you treat your patients first and their conditions second?	
Staff Management:	
1. Are you effective at hiring the right person?	
2. Are you effective at training and motivating your staff?	
3. Does your staff feel they are treated and paid fairly?	
4. Is the attitude of your staff positive and service focused?	
5. Is your staff focused on marketing?	
Integrity:	
1. Are exams/diagnoses/treatment schedules based on patient needs?	
2. Are fees, billings and reports without exaggeration?	
3. Are your verbal and written communications honest?	
4. Would you refer someone you love to a doctor who practices the way you do?	
5. Would you trust someone you love to a doctor who runs his/her business the way y	ou do?

By answering these questions you help me... help you!