



# MIDWIFE'S BILLING SERVICE, INC.

131 W. Main St. Suite 322 • Orange, MA 01364 • Telephone: (978) 544-3551 • Fax: (978) 544-3560

We're so excited that you'll be signing on to work with MBSI for your billing! Before we can begin, we need some information about your practice so that we can put together some paperwork for you, start setting you up in all of our systems, and get a better understanding of your practice and billing needs.

## Basic Information

Is your practice a business entity (defined by an EIN) or an individual provider (defined only by a SSN)?

Business Entity  Individual

If business entity: How many EINs do you have? (This is often just one, but some practices have more than one professional group or a separate facility EIN.): \_\_\_\_\_

Do you have any "Doing Business As" (DBA) names?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

MBSI assigns each practice a practice "code" to more succinctly refer to them—does your practice have a preferred acronym or abbreviation (e.g. MMBC for Marvelous Motherhood Birth Center, BriMS for Brilliant Maternity Services)?  Yes: \_\_\_\_\_  No, we don't use a specific abbreviation.

## Billing Background

Payments are currently made to:  Group  Individual Provider(s)  Other: \_\_\_\_\_  N/A

How did you handle insurance billing previously?  DIY  In-house Biller  N/A (New Practice)

Previous Outside Service  Member Reimbursement  Self-Pay Only  Other: \_\_\_\_\_

How did you find out about MBSI?  Web Search  Social Media  Journal Advertisement

Conference Table  Speaking Engagement  Colleague Recommendation

## Current Services

What specialty or specific types of services do you currently provide? \_\_\_\_\_

Where do practice (check all that apply):  Office  Hospital  Home

Birth Center  Surgical Center  Other: \_\_\_\_\_

In which location do you practice primarily?  Office  Hospital  Home

Birth Center  Surgical Center  Other: \_\_\_\_\_



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Approximately how many patients do you see each month? \_\_\_\_\_

Approximately how many births do you anticipate attending in the next year? \_\_\_\_\_  N/A

## System Setup

Do you have a practice management system you would like to continue using, or would you like to use MBSI's practice management system (access included in standard billing fees)?

Our Own PM System, Name of System: \_\_\_\_\_  Use MBSI's PM System

If you would like to use MBSI's PM system:

Are you interested in utilizing the built-in scheduler?  Yes  No

Are you interested in using the online charge slips for reporting rendered services?  Yes  No

Are you interested in the eligibility feature (extra monthly cost)?  Yes  No

What kind of computers does your practice use?  PCs Only  Macs Only  Some of Both

Do you use an Electronic Health Records (EHR) system?

Yes, Name of System: \_\_\_\_\_  Plan to, but haven't picked one yet.  No

Do you bill facility fees?  No, we don't have a facility.  Yes

Not currently, but we have a facility we would like to bill for.

## Paperwork Details

Who are the signing representatives for your practice? The representatives are those authorized to sign legal agreements on behalf of the practice, such as an owner, CEO, president, business/executive director, etc. Please list all individuals who fit this description (this may be only one person) and include credentials.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please choose one signing representative to sign a Business Associate Agreement on behalf of your practice:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_