



Billing Buddies
8459 10th Ave N
Golden Valley, MN 55427
Phone: (888) 322-2455
Fax: (866) 506-9681
Email:
solutions@billingbuddies.com
Website:
www.billingbuddies.com

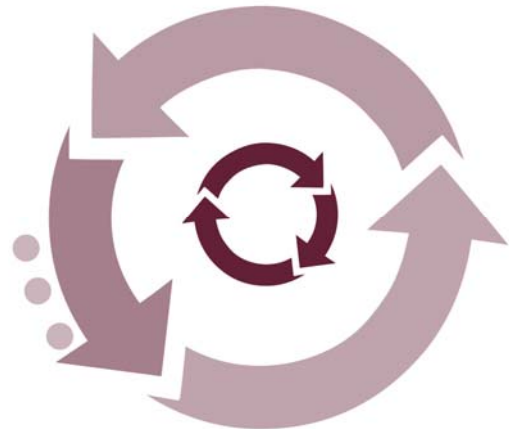
Daily Basics and Developing an A/R System

Thank you for allowing us to make a proposal to your company to assist you in developing a solid accounts receivables systems and increase your cash flow. Many of us are guilty of making just about anything too complicated. The key to medical billing and reimbursement is to first *recognize* the daily tasks that need to be done. *Regardless* of which software program is used. In our consultations, we will first review/develop clinic follow-up policies, next review the daily cycle of activities and finally, tie it all together so it is done daily/routinely. Below is a review of the daily cycle.

The cost of developing an A/R system varies upon the expertise of the staff members being trained. Attached are the fees we publish on our website. Typically, we can accomplish this program in 6 to 10 hours and work in 1 –2 hour increments per visit. The hourly rate is \$150. You can pay hourly or by a block of time. If you purchase a six or more hours, we will give you a 10 % discount. Please call with questions or to schedule your first appointment. We look forward to the possibility of assisting you.

The Daily Cycle

1. Schedule Patients
2. Enter New Patient Information
3. Enter Charges
4. Enter Payments
5. Proof Work
6. Send Claims
7. Send Statements
8. Follow-up on Unpaid Balances
9. Backup Data
10. Maintain Data



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Support/Training Authorization Form

Thank you for selecting Softouch Software, Inc. to be your Medisoft support.

Description of Issue: _____

Date Issue Started: _____

When did you run File Maintenance Last?: _____

What is the date on your most recent backup? _____

Would you like Internet or Phone Support/Training? _____

Options for Support/Training:

- \$297.00 Four Pack—Four 25 Minute Live Links
- \$397.00 Six Pack—Six 25 Minute Live Links
- \$528.00 Eight Pack—Eight 25 Minute Live Links
- \$150.00 Hourly Training Rate/Per Visit or Live Link
- \$269.00 Training Videos— 5 DVD's and 2 Books
- \$399.00 File Repair

Clinic Name: _____

Clinic Address: _____

Email Address: _____

Contact Name: _____ Phone: _____

I authorize Softouch Software, Inc. to charge the above selected charges to my credit card.

Signature _____

Date _____

Credit Card Number: _____

Name on Card: _____ Exp: Date: _____ Sec Code: _____

Address (if different): _____