

# OSUHS Revenue Enhancement Committee Questionnaire Excerpt

Revenue Enhancement Member's Name: \_\_\_\_\_

Cost Center: \_\_\_\_\_

Contact person(s)/Manager/Person in charge of the revenue: \_\_\_\_\_

OUTPATIENTS ONLY: Where do your patients get registered? \_\_\_\_\_

Is the insurance updated every month? \_\_\_\_\_

Do you use recurrent or single visit numbers? \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you do with the blue cards that are generated every visit or every month? (Give them to the patient/ keep on the unit/discard/etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason why you would see a patient who is not registered? \_\_\_\_\_

Do you have any concerns about the registration process? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the cost center have a hard copy list of patients from which they charge? \_\_\_\_\_ If not, what does the person doing the billing work from? \_\_\_\_\_  
\_\_\_\_\_

Obtain a copy of the list.

Does the cost center have a current fee schedule? \_\_\_\_\_

Date on Fee schedule? \_\_\_\_\_

Obtain a copy of the fee schedule.

When was the last time charges were reviewed? \_\_\_\_\_

Are there procedures or supplies that could be charges that are not on the current fee schedule? \_\_\_\_\_

Are there any concerns about the fee schedule? What are they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_