

Dental Fee Analysis Enrollment Form

Please send this form along with the 2 reports requested below by one of the following methods

Mail
 Proveer Practice Management
 2100 Raybrook, Ste 108
 Grand Rapids, MI 49546

Email Attachment
 info@dentistfee.com

After reviewing your info, we will contact you about proceeding with the service.

We only recommend proceeding if we can deliver a 1,000% return.

You will NOT BE BILLED unless you agree to proceed after we contact you.

Contact person		Doctor's name		
Street		City	State	Zip
Phone	Email		Practice Zip	

Y N Is this a general dentistry practice? This service is currently only for GP's.

Requested reports from your practice management software (please check)

Current fee schedule by ADA code
 Procedure count by ADA code for a recent 6 or 12 month period

Requested data from your practice management software

Practice production for the 6 or 12 month period chosen above
 Practice collections for the 6 or 12 month period chosen above

Other information

When did you last increase fees?
 By approximately what percent?
 Average doctor-days per week (e.g. 2 docs on M-W plus 1 doc on Th is 7 days)
 Average hygiene-days per week (e.g. 2 hygienists on M-Th is 8 days)
 How far out is hygiene schedule booked?
 How far out is doctor schedule booked?
 How frequently do patients complain about your fees?

Y N Do you participate with Delta, other PPOs, or discount dental plans?
 % of patients covered by Delta, PPO, or discount dental plan

Payment method

credit card check How do you want to pay assuming we proceed with the service?
 Y N Should we email the bill to the email address above?
 If no, billing email address (else, we will send an invoice in the mail)