

# Rosen Coaching

*Why just survive when you can thrive?*

## Service Routine

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

Please fill out this section based on your services.

### FIRST DAY VISIT

	INS.	CHARGE		CASH	MEDI.
		P.I.	W.C.		
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
<b>Total</b>	<b>\$ _____</b>	_____	_____	_____	_____

### SECOND DAY VISIT

_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
<b>Total</b>	<b>\$ _____</b>	_____	_____	_____	_____

### REGULAR VISIT

_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
<b>Total</b>	<b>\$ _____</b>	_____	_____	_____	_____

### RE-EVALUATION/RE-EXAM VISIT

_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
<b>Total</b>	<b>\$ _____</b>	_____	_____	_____	_____

**Do you have more than one price for your adjustment? If so, explain.**

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

**What is the average accounts receivable on your books during this last year?**

\_\_\_\_\_

**Do you feel you have a collection problem? Front desk or Insurance?**

**EXAMPLE**

# Service Routine

Please fill out this section based on your services.

FIRST DAY VISIT	CHARGE				
	INS.	P.I.	W.C.	CASH	MEDI
Consultation-----	\$ n/c	n/c	n/c	n/c	n/c
Examination-----	\$80.00	80.00	80.00	80.00	80.00
X-ray-----	\$55.00	176.00	146.00	48.00	48.00
Office visit-----	\$40.00	40.00	40.00	40.00	40.00
<b>Total</b>	<b>\$ 175.00</b>	<b>296.00</b>	<b>266.00</b>	<b>168.00</b>	<b>168.00</b>

SECOND DAY VISIT	INS.	P.I.	W.C.	CASH	MEDI
Report of Findings-----	\$ n/c	n/c	n/c	n/c	n/c
CMT-----	\$ 40.00	40.00	40.00	40.00	40.00
Therapy-----	\$ 20.00	20.00	20.00	20.00	20.00
<b>Total</b>	<b>\$ 60.00</b>	<b>60.00</b>	<b>60.00</b>	<b>60.00</b>	<b>60.00</b>

REGULAR VISIT	INS.	P.I.	W.C.	CASH	MEDI
CMT-----	\$ 40.00	40.00	40.00	40.00	40.00
Therapy-----	\$ 20.00	20.00	20.00	20.00	20.00
-----	\$				
-----	\$				
-----	\$				
<b>Total</b>	<b>\$ 60.00</b>	<b>60.00</b>	<b>60.00</b>	<b>60.00</b>	<b>60.00</b>

RE-EVALUATION/RE-EXAM VISIT	INS.	P.I.	W.C.	CASH	MEDI
Re-examination-----	\$ 65.00	65.00	65.00	65.00	65.00
CMT-----	\$ 40.00	40.00	40.00	40.00	40.00
SEMG-----	\$ 20.00	20.00	20.00	20.00	20.00
<b>Total</b>	<b>\$125.00</b>	<b>125.00</b>	<b>125.00</b>	<b>125.00</b>	<b>125.00</b>

