

# Exceptional Providers Complimentary Practice Analysis Application



**ADVOCATE CONSULTING GROUP**  
IMPROVING LIVES

Practice Information*	
Practice Name:	Date:
Practice Specialty:	State(s) Licensed:
Principle Physician Name:	
Principle Physician Specialty:	NPI:
Primary Office Point of Contact and Address:	
Office Phone:	Office Fax:
Point of Contact Email:	

Practice Activity*
# Active Physicians on site:
# Patients per day:
# Patients per month:
# New Patients per month:
What EMR is used:
Inhouse or External billing:
Access to Practice Wi-Fi:
Access to Printer/Copier:
Diabetic Counseling Certified:

Insurance - % of Patient population*
Medicare:
Medicaid:
Federal HMO:
Commercial Plans:

Available Practice Hours	# Avail Consult Rooms
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	

Preventative Care Services	Performed by	Volume
Chronic Care Plans		
Chronic Care Management		
Medication Reconciliation		
Medicare Annual Wellness Visit		
Advanced Directives		
Automatic Nervous System		
Behavioral Health Screening & Intervention		
INR - International Normalized Ratio		

Preventative Care Service Questions	Current Quality Measures/Value Based Care program participation - list all
Do you write scripts for scheduled drugs:	
Do you order Genetic testing:	
Do you offer ANS testing:	
Do you provide Diabetes screening and counseling:	
Do you currently provide weight loss:	
Do you currently provide Allergy testing and treatments:	
Any other ancillary treatments provided by a third party:	

✓ Yes, I would like a Complimentary Practice Analysis prepared for My Practice	
Signed Name:	Date:
Printed Name:	Title:

**Contact your ACG Medical Services Consultant:**

**Name:**

**Phone:**

**Email:**

Confidential Information: Fax to: (321) 204-6772 or Email to: support@whyacg.com