



Mederi Services, LLC

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New Client Questionnaire:

Name: _____ Credentials: _____ State _____

Contact Information (Email and Phone) _____

Are you Independent or practice as part of a group? _____

What specialty(s) do you assist in? _____

What percentage in each area? _____

Examples of type of surgeries assisting (CPT if known) _____

What is your monthly average of cases? _____

Are you in Network with any insurance companies? _____

What services are you interested in receiving? individual / corporate / partial / per claim _____

Do you currently have a billing service? _____

What do you dislike most about your current billing service? _____

What is the most significant consideration in your selecting a billing service? _____

Questions: _____