



Practice Billing

Kindly complete questionnaire below in order for us to provide you with an accurate quotation / feedback

All your information provided will be handled confidentially and will not be used for any other purposes and will be used in accordance with POPIA

Healthcare Professional Name

Practice Number

City / Province

Speciality Type

Email Address

Contact Number

Additional Request / Information

Practice Billing

Kindly tick the services your practice requires below (Yes/No)



	Yes	No
1 Contact your patients prior to upcoming procedures to discuss practice charge rates & obtaining completed signed consent forms.	<input type="checkbox"/>	<input type="checkbox"/>
2 Electronic filing – All billing forms, patient information and additional reports will be uploaded on software house cloud to which the Practitioner will have full access to.	<input type="checkbox"/>	<input type="checkbox"/>
3 Personalized billing forms will be designed according to your practice needs and specifications	<input type="checkbox"/>	<input type="checkbox"/>
4 Obtain Guarantee of Payment (GOP) from international insurances	<input type="checkbox"/>	<input type="checkbox"/>
5 For new as well as existing practices - registrations with medical aids	<input type="checkbox"/>	<input type="checkbox"/>
6 Written Cost Estimates	<input type="checkbox"/>	<input type="checkbox"/>
7 Obtaining payments from Private Patients prior to upcoming medical procedures	<input type="checkbox"/>	<input type="checkbox"/>
8 Advice on contracts to join with medical aids	<input type="checkbox"/>	<input type="checkbox"/>

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Kindly tick below Yes or No, the services your practice requires

Yes

No

9

Monthly reports - including but not limited to age analysis, turnover report and receipt report.

10

Any Additional Monthly reports - The Practitioner has the opportunity to request further custom report types as may be needed.

11

Maintaining/Upload of CPD point on the PCNS website

12

Maintain virtual calendar appointments

13

Additional administrative support

14

How would you submit your billing?
(Email, WhatsApp or Courier)

Kindly email the completed questionnaire to :
info@mypracticesa.co.za

Thank You