



CLINIC ANALYSIS – SHORT FORM

To assist in determining your clinic’s current compliance and optimization of the two profit centers in your practice (procedures and products) we offer an analysis of your current compliance, coding & billing, insurance reimbursements and optical efficiency.

Please provide the following confidential information to the OC fax or email address noted below:

Practice Name City and State Number of Locations and Main Phone #	
Drs. Email Address	
Production Report for the past 12 months Showing Procedures by CPT and Optical Info	
Total Number of Frames (per location)	
Preferred day and time for 30 minute review (typically within 1 week)	

Are there any areas of concern that you would like to improve? _____

Fax to (877) 551-0233 or email to info@ophthcon.com