



Client Forms Pack

Intake, onboarding, and implementation forms for new medical billing clients

START HERE

Use this packet to tell us about your practice, identify the services you need, and organize the information required for a smooth billing transition.

Protect sensitive information

Do not write passwords, Social Security numbers, banking details, patient records, or protected health information in this packet. Credentials and sensitive files must be exchanged through a separately approved secure method.

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BEFORE YOU RETURN IT

- ☐ All applicable sections completed
- ☐ Authorized signer identified
- ☐ Provider roster attached or completed
- ☐ Payer list attached or completed
- ☐ Requested reports listed
- ☐ No passwords or patient data included

CLIENT

Practice / Organization

Primary contact

Date started

Target service start date

How to use: Print and complete in dark ink, or use the fields as a guide when completing the online version. If a question does not apply, mark N/A.



ULTIMATE BILLING SOLUTIONS LLC

Client Intake & Onboarding

(505) 388-6563
ultimatebillingsolutions3@gmail.com
www.ultimateMedicalBillingNM.com

1. Client Intake Questionnaire

Complete this first so we can understand your goals and recommend the right scope.

ORGANIZATION

Legal business name	Doing business as (DBA)
Primary contact and title	Phone
Email	Website

WHAT SUPPORT ARE YOU LOOKING FOR?

- | | |
|--|--|
| ☐ Full-service medical billing | ☐ Medical coding |
| ☐ Accounts receivable follow-up | ☐ Denial management / appeals |
| ☐ Payment posting | ☐ Eligibility / benefits verification |
| ☐ Prior authorization support | ☐ Credentialing / payer enrollment |
| ☐ Audit / cleanup project | ☐ Consulting / workflow review |
| ☐ Other: _____ | |

CURRENT NEEDS

What prompted you to seek support now?

What are the top three outcomes you want?

Current billing arrangement (in-house, vendor, hybrid, other)

Requested start date / timeline

DECISION PROCESS

Decision-maker(s)	Others involved in evaluation
Preferred follow-up method	Best days / times



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2. Practice & Billing Profile

Provide current operating details. Mark N/A where a field does not apply.

PRACTICE IDENTITY

Legal entity name

DBA

Tax identification number (TIN / EIN)

Group NPI

Primary taxonomy / specialty

Years in operation

Primary service address

Billing / remittance address

PRACTICE MODEL

☐ Solo practice

☐ Group practice

☐ Facility

☐ Telehealth only

☐ Hybrid in-person / telehealth

☐ Behavioral / mental health

☐ Other: _____

Number of locations

Number of rendering providers

Approx. claims per month

Approx. monthly charges

Average monthly collections

Current days in A/R (if known)

BILLING ENVIRONMENT

Practice management system

Electronic health record (EHR)

Clearinghouse

Current billing vendor / team

Current contract end date

Current claim submission frequency



3. Provider Roster

Use this roster for onboarding and enrollment planning.

Complete one row per provider. Attach a separate roster if more space is needed. Do not include Social Security numbers.

Provider legal name	Credentials	Individual NPI	Taxonomy / specialty

Provider name	CAQH status / re-attestation date	Medicare PTAN (if applicable)	Active start date / notes

ROSTER NOTES

Providers joining or leaving soon

Supervising / rendering relationships

Special enrollment or credentialing issues

Additional roster attached: Yes / No

Secure follow-up may be required. If enrollment work requires sensitive identifiers or supporting documents, Ultimate Billing Solutions LLC will coordinate an approved secure collection method separately.



4. Payer & Enrollment Inventory

Document payer participation and electronic transaction setup.

List each payer or attach a current payer matrix. Record portal ownership and enrollment status; do not write passwords.

Payer / plan	Payer ID	Participation	ERA	EFT	Portal owner / status
		In / Out / N/A	Y / N	Y / N	
		In / Out / N/A	Y / N	Y / N	
		In / Out / N/A	Y / N	Y / N	
		In / Out / N/A	Y / N	Y / N	
		In / Out / N/A	Y / N	Y / N	
		In / Out / N/A	Y / N	Y / N	
		In / Out / N/A	Y / N	Y / N	
		In / Out / N/A	Y / N	Y / N	

ENROLLMENT OVERVIEW

☐ All providers fully enrolled

☐ Revalidations due

☐ Clearinghouse enrollment needed

☐ New enrollments pending

☐ EFT / ERA changes needed

☐ Known payer access issues

Primary Medicare Administrative Contractor (if applicable)

Medicaid program / state (if applicable)

Workers' compensation / auto billing used?

Largest payer by volume

Payers currently on hold

Enrollment contact at practice

NOTES / PENDING ITEMS



5. Systems, Access & Data Transfer

Plan secure, role-based access without recording credentials.

Never place credentials in this form. Record the system and the person who will send an invitation or provision access. Use unique user accounts, least-privilege roles, and multi-factor authentication when available.

System / vendor	Purpose	Access needed	Practice owner	Status / date
		View / Work / Admin		
		View / Work / Admin		
		View / Work / Admin		
		View / Work / Admin		
		View / Work / Admin		
		View / Work / Admin		
		View / Work / Admin		

SECURE DATA TRANSFER

- ☐ Secure portal
- ☐ Vendor-approved shared drive
- ☐ Other approved method: _____
- ☐ Encrypted file transfer
- ☐ Direct system access

Approved transfer method

Person authorizing access

Access review date

Access termination contact

RECORDS NEEDED FOR TRANSITION

- ☐ A/R aging by payer and patient
- ☐ Denial report
- ☐ Fee schedules
- ☐ Provider roster
- ☐ Open claims / encounters
- ☐ Unapplied credits / payments
- ☐ Payer contracts / matrices
- ☐ Current workflow / policy documents

No protected health information should be transferred until the required agreements are executed and both parties confirm the secure transfer method.



6. Contacts & Communication

Define who participates, how questions are handled, and when issues are escalated.

KEY CONTACTS

Role	Name / title	Email / phone	Backup
Authorized signer			
Clinical questions			
Coding questions			
Billing / A/R			
Credentialing			
IT / system access			
Finance / payments			

COMMUNICATION

Preferred meeting cadence

Primary communication method

Routine response expectation

Preferred report format

Preferred meeting day / time

Urgent escalation method

Who receives reports?

Meeting attendees

ESCALATION NOTES

Urgent issue definition

After-hours instructions



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7. Workflow & Reporting Preferences

Record operating decisions and the reports the practice needs.

WORKFLOW DECISIONS

Charge / encounter handoff process

Documentation completion deadline

Claim review or approval required before submission?

Denial / appeal approval threshold

Patient statement and collection policy

Refund / credit balance approval process

Coding query process

Corrected claim approval process

REPORTING PRIORITIES

☐ Charges and payments

☐ Denials and rejections

☐ Payer performance

☐ Patient balances

☐ Claims submitted

☐ A/R aging

☐ Provider performance

☐ Enrollment status

ADDITIONAL INSTRUCTIONS



8. Implementation Readiness

Track every dependency from agreement through launch approval.

Assign one owner and target date to every open item. Mark complete only after the item has been verified.

Readiness item	Owner	Target	Done
Scope and services approved			☐
Service agreement executed			☐
Business Associate Agreement (BAA) executed, if applicable			☐
Key contacts confirmed			☐
Provider roster verified			☐
Payer matrix verified			☐
System access provisioned and tested			☐
Secure transfer method confirmed			☐
Opening A/R reports received			☐
Fee schedules / payer rules received			☐
Workflow and escalation rules approved			☐
Reporting cadence approved			☐
Patient communication responsibilities confirmed			☐
Go-live date approved			☐

LAUNCH DETAILS

Target go-live date

First date of service to bill

Legacy A/R cutoff date

First reporting date

OPEN RISKS / DEPENDENCIES

Practice launch approval

Ultimate Billing Solutions LLC

Name / signature / date

Name / signature / date



9. Services & Pricing Worksheet

Record the proposed service scope and pricing method for review.

Complete before services begin. This worksheet records proposed business terms for review. It does not replace the final signed service agreement.

SELECTED SERVICES AND PRICING

Service	Pricing method	Rate / amount	Included volume or notes
Medical billing / revenue cycle management	% / Flat / Hourly	\$ / %	
Medical coding	% / Flat / Hourly	\$ / %	
A/R follow-up / cleanup	% / Flat / Hourly	\$ / %	
Denial management / appeals	% / Flat / Hourly	\$ / %	
Payment posting	% / Flat / Hourly	\$ / %	
Eligibility / authorization support	% / Flat / Hourly	\$ / %	
Credentialing / payer enrollment	% / Flat / Hourly	\$ / %	
Other	% / Flat / Hourly	\$ / %	

SERVICE SCOPE NOTES

Service start date

Included entities / locations

Included providers

Excluded work

Volume assumptions

Additional notes



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10. Commercial Terms & Approval

Complete the remaining business terms before final agreement review.

COMMERCIAL TERMS

Minimum monthly fee

One-time setup fee

Hourly / project rate

Pass-through costs

Invoice frequency

Payment due terms

Late fee terms, if any

Initial term / renewal

Termination notice period

Rate review date

SCOPE NOTES / EXCLUSIONS

Practice approval

Ultimate Billing Solutions LLC

Name / signature / date

Name / signature / date



11. Authorization & Acknowledgment

Confirm onboarding authority and secure-handling expectations.

OPERATIONAL AUTHORIZATION

The undersigned confirms that they are authorized to coordinate onboarding for the practice named below and to approve the access, contacts, and information identified in this packet. The practice authorizes Ultimate Billing Solutions LLC to coordinate system invitations, request the operational records listed here, and communicate with the named practice contacts solely for onboarding and delivery of separately agreed services.

This authorization does not disclose passwords, create a payer power of attorney, or replace any payer-specific authorization. Access must be provisioned by the practice or system owner through an approved method.

ACKNOWLEDGMENTS

- ☐ The information provided is accurate to the best of my knowledge.
- ☐ No passwords, patient records, Social Security numbers, or banking details are included in this packet.
- ☐ Sensitive information will be exchanged only through the secure method agreed by both parties.
- ☐ Services, fees, responsibilities, and effective dates are governed by the final signed service agreement.
- ☐ A Business Associate Agreement will be completed before protected health information is handled, when applicable.

PRACTICE AUTHORIZATION

Practice / organization name

Authorized representative

Title

Email / phone

Authorized signature

Date

Signature

Date

ULTIMATE BILLING SOLUTIONS LLC

Representative

Date

Name / signature

Date

This packet is an operational intake tool and is not legal advice. If the parties' signed agreement conflicts with this packet, the signed agreement controls.