



## Information Needed to Give a Custom Quote

1. What is your field of practice?
  - LCPC
  - LCSW
  - LMFT
  - Psychologist, Ph.D.
  - Psychologist Psy.D
  - Psychiatrist
  - Other\_\_\_\_\_
  
2. Number of providers/NPIs in your practice\_\_\_\_\_
  
3. How many patient sessions do you bill each week? \_\_\_\_\_
  
4. Do you take Medicare/Medicaid patients? Yes\_\_\_ No\_\_\_
  
5. Do you want SCMB to send patient statements to patients with outstanding balances?  
Yes\_\_\_ No\_\_\_
  
6. Do you have old A/R you would need worked? Yes\_\_\_ No\_\_\_
  
7. For the one time start-up fee, total number of active patients\_\_\_\_\_

### Contact Information:

Name\_\_\_\_\_ State(s) in which you do business\_\_\_\_\_

Would you prefer to be contacted by phone or email? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Please fill out this form and fax to 1-844-822-8566 or scan and email to shaundra@stonecreekmedicalbilling.com***

\*All information gathered through this document or by other correspondence will never be used by outside sources. If you have questions or concerns please contact Shaundra at (406) 925-0985 or [shaundra@stonecreekmedicalbilling.com](mailto:shaundra@stonecreekmedicalbilling.com).