

## Practice Management reSOURCE Directory Application Form

### General Information

Name of Firm: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional firm contacts that AAOS Members can search on:

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Year business established: \_\_\_\_\_ Web address: \_\_\_\_\_

Indicate the practice types and settings your firm provides services to:

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Groups                                | <input type="checkbox"/> Private small groups (2-9 physicians) |
| <input type="checkbox"/> Private large groups (20 physicians or more)   | <input type="checkbox"/> Private solo practices                |
| <input type="checkbox"/> Private medium-sized groups (10-19 physicians) |  |

How many persons in the firm provide professional services to clients? \_\_\_\_\_

Do you have experience working with minority-owned/minority-operated practices?  Yes 1  No 1

Do you have experience working with practices that care for minority and/or underserved populations?  Yes 2  No 2

List states in which your firm provides services: (Check All or list states below)  All

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**Areas of Expertise**

Check the topics of expertise to be listed in the AAOS *Practice Management reSOURCE Directory*.

<u>Day-to-day Operational Assistance</u>	<input type="checkbox"/> Appointment/pt Reminder Systems <input type="checkbox"/> Asset Protection <input type="checkbox"/> Contract Practice Management <input type="checkbox"/> Finance and Accounting Support	<input type="checkbox"/> Payer Contracting Assistance <input type="checkbox"/> Scheduling <input type="checkbox"/> Time Management <input type="checkbox"/> Website Development/Maintenance
<u>Business Expansion</u>	<input type="checkbox"/> ASCs (Design/Construction/Licensure) <input type="checkbox"/> Additional Services (MRI, DEXA, PT/OT) <input type="checkbox"/> Marketing/Marketing Research	<input type="checkbox"/> Practice Development <input type="checkbox"/> Practice Start-ups and Mergers
<u>Compliance</u>	<input type="checkbox"/> FDA <input type="checkbox"/> Fraud/Anti-kickback/Stark <input type="checkbox"/> HIPAA	<input type="checkbox"/> Medicare <input type="checkbox"/> OSHA
<u>Reimbursement</u>	<input type="checkbox"/> Accounts Receivable Management <input type="checkbox"/> Billing and Collections Support <input type="checkbox"/> Chart Audits	<input type="checkbox"/> Coding Assistance <input type="checkbox"/> Fee Schedule Analysis
<u>Human Resources</u>	<input type="checkbox"/> Employee Benefits Administration <input type="checkbox"/> Insurance (Health, Life, Disability) <input type="checkbox"/> Pension/Profit Sharing	<input type="checkbox"/> Executive Recruitment <input type="checkbox"/> Physician Recruitment <input type="checkbox"/> Staff Training and Development
<u>Information Technology</u>	<input type="checkbox"/> Accounting Systems <input type="checkbox"/> Digital Radiography/PACS <input type="checkbox"/> Electronic Data Interchange (EDI) <input type="checkbox"/> Electronic Medical Records (EMR) <input type="checkbox"/> Electronic Prescribing (E-Prescribing)	<input type="checkbox"/> Medical Dictation <input type="checkbox"/> Practice Management Systems <input type="checkbox"/> Telecommunication Systems <input type="checkbox"/> Transcription/Speech Recognition
<u>Legal Assistance</u>	<input type="checkbox"/> Compliance with Gov't. Regulations <input type="checkbox"/> General Business Agreements <input type="checkbox"/> Human Resources	<input type="checkbox"/> Implementation of New Services <input type="checkbox"/> Professional Liability
<u>Other Specialized Services</u>	<input type="checkbox"/> Dispute Mediation <input type="checkbox"/> General/Focused Operational Reviews <input type="checkbox"/> Income Distribution Counsel <input type="checkbox"/> Med/Surg Equipment/Supplies/Leasing	<input type="checkbox"/> Office Equipment/Supplies/ Leasing <input type="checkbox"/> Org Dev/Strategic Planning/Governance <input type="checkbox"/> Patient Education/Patient Satisfaction <input type="checkbox"/> Space Planning/Phys. Fac. Design
<u>Miscellaneous</u>	<input type="checkbox"/> Estate Planning <input type="checkbox"/> Financial Planning <input type="checkbox"/> Investment Advice/Brokerage Services	<input type="checkbox"/> Leadership Skills Development <input type="checkbox"/> Mobile Device Applications <input type="checkbox"/> Retirement/Succession Planning

Please complete this form and email or fax it to:  
 Practice Management Group  
 American Academy of Orthopaedic Surgeons • 6300 N. River Rd. • Rosemont, IL 60018-4262  
 Fax (847)823-8023 • E-mail: [pmrd@aaos.org](mailto:pmrd@aaos.org)