



IAM Practice Management Questionnaire

IAM will tailor a marketing/sales presentation and a financial pro forma specific to your practice. Please fill out the following information as completely as possible and return to the IAM office. We will then call to schedule an appointment with you and your practice to discuss the IAM approach.

1. What is your practice's total number of procedures per year? _____

2. Please break out the annual procedure count for the total practice:

a. # of Colons	
b. # of EGD's	
c. # of Doubles	

3. How many ASC's do you operate? _____

4. How many ASC operating rooms are used concurrently (per physician) per ASC?

5. What are the hours of operation in each room (please include the days of week for each ASC)?

6. Third party payer mix (by percent of practice):

a. Medicare	%	f. United	%
b. Medicaid	%	g.	%
c. BC/BS Plan	%	h.	%
d. Aetna	%	i.	%
e. Cigna	%	j.	%

7. Your contact information:

Name:		Telephone:	
Full Address:		Email:	