

## Client Consultation Form

Return to [info@telepsychbill.com](mailto:info@telepsychbill.com)

### Practice Contact Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Questions

Question #1: How many clinicians are providing services? \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Question #2: What is your monthly practice revenue? \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Question 3: Are you currently experiencing any billing issues? \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Question 4: What billing software are you currently using? Do you prefer to continue using your own software? \_\_\_\_\_

Notes:

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### **Additional Notes**

*What services will you need provided for your private practice? Include any other information you would like as well.*