



## *Information Survey*

Business Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

How many Providers?		Number of Clients?	
How many Locations?		Number of Submitter ID's/Entities?	
How many Workstations?		Number of Claims filed Electronically per Month?	

Claim/Encounter Types (Please check all that apply):

837 I				837 P						837 D		Other	
Inpatient Hospital	Outpatient Hospital	LTC, ADHC, ICF/MR, SNF, Hospice	Home Health	Professional	PCA/Waiver/SIL/LT-PCS	DME	Rehab	Ambulance Transportation	EPSDT/KIDMED	Dental - Adult	Dental - EPSDT	Early Steps (Covansys)	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you interested in?:

LAST Interface

€Electronic Remittance

Electronic Adjustments

Payroll Extract

Thank you completing this survey. Please mail or fax it to:

**Encore Associates, Inc.**  
**P. O. Box 80219**  
**Baton Rouge, LA 70898**  
**Attn: Joshua Bertaut**  
**(225) 291-7392 (Fax)**  
**(800) 688-8231 (Office)**