



# ACCOUNTS RECEIVABLE ANALYSIS

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Person Contacted: \_\_\_\_\_

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

Date: \_\_\_\_\_ TSI Rep: \_\_\_\_\_

## BACKGROUND INFORMATION:

1. Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_
2. Do you require credit applications? / Do you require credit information on your patient information sheet / admitting form / or check cashing card? \_\_\_\_\_
3. Do you clear this information through a credit bureau? Yes \_\_\_\_\_ No \_\_\_\_\_
4. What is the average balance per account / check? \_\_\_\_\_
5. What percentage of your accounts are local? \_\_\_\_\_

## BILLING:

6. Is all the billing and follow-up done from this office? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, then where? \_\_\_\_\_  
Whom would I contact? \_\_\_\_\_ Area Code / Phone #: \_\_\_\_\_ / \_\_\_\_\_
7. How often do you bill each account? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_
8. How many statements do you send per month? \_\_\_\_\_
9. When do you consider an account delinquent? \_\_\_\_\_
10. Is "Address Correction Requested" printed on your statement envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_  
On your delinquent account notice envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_
11. How many checks are returned per month as uncollectible? \_\_\_\_\_  
Are uncollected checks automatically resubmitted for collection a second time before being returned to you by your bank?  
Yes \_\_\_\_\_ No \_\_\_\_\_. How much does your bank charge you to resubmit a check? \_\_\_\_\_  
How many checks clear the second time? \_\_\_\_\_

## STATUS OF ACCOUNTS:

### HOW MANY ACCOUNTS DO YOU HAVE THAT ARE:

- |     |                                   |                     |                        |
|-----|-----------------------------------|---------------------|------------------------|
| 12. | 30-60 Days Past Due . . . . .     | Total No. _____     | Total Amount \$ _____  |
| 13. | 60-90 Days Past Due . . . . .     | Total No. _____     | Total Amount \$ _____  |
| 14. | 90-120 Days Past Due . . . . .    | Total No. _____     | Total Amount \$ _____  |
| 15. | 120-150 Days Past Due . . . . .   | Total No. _____     | Total Amount \$ _____  |
| 16. | 150- Over Days Past Due . . . . . | Total No. _____     | Total Amount \$ _____  |
|     |                                   | <b>TOTAL</b>        | <b>TOTAL</b>           |
|     |                                   | <b>NUMBER</b> _____ | <b>AMOUNT \$</b> _____ |

**COST ANALYSIS OF INTERNAL COLLECTION PROCEDURES:**

	Avg. Cost Per Unit	Your Est. Cost Per Unit	30	60	90	120	150	TOTAL Unit Cost
1. Statements	\$1.10							
2. Form Letters	\$2.20							
3. Dictated Letters	\$7.11							
4. Telephone	\$2.48							
5. Telegrams, Mailgrams, Atty. Letters, Other	?							
<b>TOTAL COST</b>								

17. When do you assign an account to a collection agency / or attorney? \_\_\_\_\_
18. Approximately how many accounts do you assign for collection each month? \_\_\_\_\_
19. How much do they charge to collect your normal accounts? \_\_\_\_\_ / accounts that have to be forwarded / Skip accounts \_\_\_\_\_ / small balance accounts / legal accounts.
20. How much do you estimate your average collection cost to be? \_\_\_\_\_
21. What % of the dollars assigned to your agency are collected (Gross)? \_\_\_\_\_
22. Does your agency / attorney require you to pay attorney fees, court costs and service of process fees? \_\_\_\_\_  
 If so, what is the cost per account? \$ \_\_\_\_\_ If they don't get a judgment, do they reimburse these expenses? \_\_\_\_\_  
 If they do get a judgment and are unable to recover any money, do they reimburse these expenses? \_\_\_\_\_
23. When was the last time you conducted an onsite audit of your collection agency? \_\_\_\_\_

**A-B COMPARISON BETWEEN YOUR AGENCY AND TSI**

	YOUR AGENCY	TSI
NUMBER OF ACCOUNTS ASSIGNED	_____	_____
AVERAGE BALANCE PER ACCOUNT	_____	_____
TOTAL DOLLARS ASSIGNED	_____	_____
AVERAGE RECOVERY PERCENTAGE	_____	_____
AMOUNT RECOVERED	_____	_____
AVERAGE FEE TO COLLECT ACCOUNTS	_____	_____
NET DOLLARS RETURNED TO YOU	_____	_____
PROJECTED NET ANNUAL SAVINGS USING TSI	_____	

24. What would you change to improve your present billing and collection system? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* If TSI can show you a method to improve your office efficiency, increase your cash flow, reduce your accounts receivable losses and eliminate the need for your collection agency, are you the person who would make the decision on the use of our service today, or do you consult with someone?