



ClaraVista Client Inquiry

Thank you for your interest in ClaraVista's billing services! Please fill out the form below and a member of our management team will contact you to discuss your billing needs.

Business Name _____
D/B/A _____
City _____ State ____
Contact Name _____
Phone _____ Email _____

I am interested in:

Full Outsourced Billing____ Short-Term, Project-Based Services ____

(Optional) Comments:

(Optional)

Please check your current billing source:

Internal Billing Department_____ Billing Service ____

Name of current software program, if internal: _____

Name of billing service if not internal _____

(Optional)

Please tell us a bit about your average monthly billing:

Average Monthly Billing Volume \$_____ / month

Current DSO _____

Insurance Providers Billed: Medicare ____ Medicaid ____ BC/BS ____ HMO/PPO ____
Work Comp ____ Private Pay ____

The information provided above is correct to the best of my knowledge.

Signed _____ Title: _____ Date: _____