# Business Requirements Questionnaire

From: [ABC Healthcare Center] To: [XYZ Billing Services]

Date: [Date here]

1. Please specify the representative(s) who will serve as the first point of contact for queries and other issues regarding your services:

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Address: |  |
| Phone: |  | Fax: |  | Email: |  |

1. Please provide the contact information for the individual(s) in management who would be responsible for handling escalated complaints regarding your services:

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Address: |  |
| Phone: |  | Fax: |  | Email: |  |

1. Please provide a detailed listing of documents your firm requires in order to perform the services outlined in our contract with your firm:

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1. Please explain in detail the secure method(s) used for electronic transmittal of information between our system and yours:

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1. Please provide contact information of the representative(s) of your firm who are responsible for the secure electronic transmittal of information:

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Address: |  |
| Phone: |  | Fax: |  | Email: |  |

1. Please provide contact information for the representative(s) of your firm who are responsible for programming:

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Address: |  |
| Phone: |  | Fax: |  | Email: |  |

1. Please provide contact information for the security/compliance officer at your firm:

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Address: |  |
| Phone: |  | Fax: |  | Email: |  |

1. Please list your terms for payment of services rendered:

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1. Please list information detailing where payment for services should be sent:

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Address: |  |
| Phone: |  | Fax: |  | Email: |  |

1. Please explain your process for preventing fraud and identity theft:

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1. Please explain your process for handling fraud and identity theft should they occur:

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