

Hess Business Advisors - MONTHLY PRACTICE INFORMATION SUBMITTAL FORM

Practice: _____ Month: _____

Production	1.	Dental production - owners	(20)	
	2.	Dental production - associates	(20.1)	
	3.	Hygiene production	(30)	
	4.	Finance charges	(42)	
	5.	Other income (Please Itemize)		
	6.	Total Production	+	

Cash	7.	Collections (per Practice Management System)	-	
	8.	Actual bank deposits for the month		

Adjustments	Debit adjustments			
	9.	Patient and insurance refunds.		
	10.	Collection of prior bad debt write-offs (gross amount).	(41)	
	11.	Other debit adjustments (Please Itemize)		
	12.	Total Debit adjustments	+	
	Credit Adjustments			
	13.	Early payment (cash) discounts	7060 / (4150)	
	14.	Collection fees (Attorneys, Collection Agencies, etc.)	7080 / (4200)	
	15.	Fees withheld from collections (Amex, Discover, Care Credit, etc.)	7040 / (4200)	
	16.	Dental discounts (Prof., Charitable, Senior Citizen, Employee, etc.)	21	
	17.	Dental production insurance write-offs	21.1	
	18.	Hygiene discounts (Prof., Charitable, Senior Citizen, Employee, etc.)	31	
	19.	Hygiene production insurance write-offs	31.1	
	20.	Bad debt write-offs	41	
	21.	Finance charge write-offs	42	
	22.	Other credits (Please itemize)		
	23.	Total Credit adjustments	-	

Accounts Receivable	24.	Current		
	25.	31-60		
	26.	61-90		
	27.	90+		
	28.	Total Accounts Receivable - This Month		
	29.	Prior Month Accounts Receivable (Last month's row 28)		
	30.	Total Accounts Receivable - Change (Rows 28 - 29)	40 +	
	31.	Out of balance amount (rows: +6-7+12-23+30)		

Other Info	32.	Total number of active patients	1	
	33.	Number of hygiene patients seen this month	3	
	34.	Total number of new patients this month	4	
	35.	Total number of referrals from other patients this month	5	
	36.	Number of full time equivalent staff	8	
	37.	Number of full time equivalent dentists	9	