



HEALTHCARE REGULATORY CHECK-UP FOR HEALTHCARE CLIENTS
Initial Risk Assessment

1. Name of Entity: _____

2. Fictitious Name: _____

3. Physical Address: _____

4. Mailing Address: _____

5. Name of Contact Individual: _____

6. Office Phone Number: _____ Cell Phone: _____

7. E-mail Contact Address: _____

8. Licensed Healthcare Professional(s): M.D. D.O. D.C. O.D. D.P.M. D.V.M.

D.D.S. D.D.M. A.R.N.P. C.N.M. P.A. Physical Therapist

Other _____

9. Unlicensed Healthcare Professional(s): Medical Assistant

Other _____

10. Practice Specialty(ies): _____

11. Services Provided: _____

12. Name of Accountant: _____

Office Phone Number: _____ Cell Phone: _____

E-mail Contact Address: _____

13. How many employees does your entity have? _____

14. Does your entity employ or contract with mid-level providers? Yes No If yes, please provide the following:

A. If ARNP, does your entity have a written protocol with ARNP? Yes No

B. If PA, does your entity have a Supervision Data Form? Yes No

HEALTHCARE REGULATORY CHECK-UP FOR HEALTHCARE CLIENTS

Initial Risk Assessment

15. Do your licensed healthcare professional (i.e., medical doctors, osteopathic physicians, podiatrists, chiropractors, and advanced registered nurse practitioners) update their Department of Health Practitioner Profiles as required? Yes No

16. Does your entity have written Employment Agreements with your employed providers?
 Yes No

17. Does your entity have Professional Services Agreements with your independent contractor providers? Yes No

18. Does your entity or any of its owners have an ownership interest in any other healthcare entities that provide healthcare items or services? Yes No

If yes, please list name of the entity and the physician's ownership percentage:

19. Do any of your physicians have consulting agreements with healthcare entities such as hospitals, pharmaceutical companies, or medical device companies? Yes No

If yes, please list the name(s) of the entities: _____

20. Do any of your physicians have medical director agreements with healthcare entities such as hospitals, health care clinics, home health agencies, or hospices? Yes No

If yes, please list the name(s) of the entities: _____

21. Does your entity conduct clinical research studies? Yes No

If yes, please describe: _____

22. Does your entity have a contract with an outside management company? Yes No

23. Does your entity or any of its owners have ownership in the management company?
 Yes No

24. Do any of your physicians perform office surgery? Yes No

If yes, is your entity registered to perform office surgery? Yes No

HEALTHCARE REGULATORY CHECK-UP FOR HEALTHCARE CLIENTS

Initial Risk Assessment

25. Do any of your physicians prescribe medical marijuana? Yes No

26. Does your entity perform pain management services? Yes No

27. Does your entity advertise pain management treatment in any way? Yes No

If yes, please describe: _____

Is yes, is your entity registered as a Pain Management Clinic? Yes No

If not registered, has your entity applied for a Certificate of Exemption? Yes No

28. Does your entity have any licenses, registrations or permits such as:

A. Ambulatory Surgery Center? Yes No

B. Health Care Clinic? Yes No

C. Health Care Clinic Certificate of Exemption? Yes No

D. Pain Management Clinic? Yes No

E. Pain Management Clinic Certificate of Exemption? Yes No

F. Clinical Lab? Yes No

G. Pharmacy? Yes No

H. CLIA Certificate? Yes No

I. Bio-Hazardous Waste Permit? Yes No

J. Health Care Clinic Establishment Permit? Yes No

K. Home Health Agency? Yes No

L. Hospice? Yes No

29. Does your entity provide any ancillary services in your office? Yes No If yes, please circle all that apply.

A. Ultrasound

B. EKG

C. Stress testing

D. EEG

E. Sleep testing

F. Nerve conduction testing

G. X-Ray

H. MRI

I. CT-Scan

J. PET-Scan

K. Mammography

L. Lab testing

M. Urine drug testing

N. DME

O. Pharmacy

P. Physical Therapy

Q. Pelvic Rehab

HEALTHCARE REGULATORY CHECK-UP FOR HEALTHCARE CLIENTS

Initial Risk Assessment

R. Medical spa services (laser hair removal, laser resurfacing treatments, Botox, etc.)

S. Other: _____

30. Does your entity contract with outside companies to lease equipment and/or personnel to perform the ancillary services? Yes No

If yes, please describe: _____

31. Does your entity sell vitamins, nutritional supplements or other products? Yes No

If yes, please describe: _____

32. Does your entity lease space to, or from referral sources? Yes No

If yes, please describe: _____

33. Does your entity or its owners have an ownership interest in an ambulatory surgery center?
 Yes No

If yes, what is the name of the surgery center? _____

34. Does your entity have Medical Staff Bylaws for the ambulatory surgery center? Yes No

If yes, the date it was last updated? _____

35. Does your entity do its own billing? Yes No

If yes, do you employ a certified coder? Yes No

36. Does your entity contract with an outside billing company? Yes No

If yes, who?: _____

37. Does your entity have a Medicare Compliance Plan? Yes No

If yes, who prepared? _____ and the date it was last updated? _____

[NOTE: Medicare mandates that all Medicare providers have a Compliance Plan.]

38. Does your entity do regular internal and or external audits of your billing and coding?
 Yes No

39. Does your entity have a HIPAA Compliance Plan and Policies? Yes No

If yes, who prepared? _____ and the date it was last updated? _____

40. Has your entity had a HIPAA Risk Assessment performed? Yes No

HEALTHCARE REGULATORY CHECK-UP FOR HEALTHCARE CLIENTS

Initial Risk Assessment

If yes, who prepared? _____ and the date it was performed? _____

41. Does your entity have a patient portal or use an encrypted e-mail service? Yes No

If yes, which one? _____

42. Does your entity have Business Associate Agreements in place with those companies that share PHI? Yes No

43. Does your entity have cybersecurity insurance or other insurance coverage for HIPAA breaches?
 Yes No

If yes, please describe: _____

44. Does your entity have an electronic medical record? Yes No

If yes, which one? _____

45. Does your entity compensate any person or entity for marketing or business generation?
 Yes No

If yes, please explain: _____

46. Does your entity offer any coupons or discounts to patients? Yes No

If yes, please explain: _____

47. Who are your top 5 referral sources?

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

48. How does your entity track referrals? _____

49. Does your entity provide any compensation or anything of value to referral sources? Yes No

If yes, list what is provided: _____

50. Does your entity monitor payment denials from insurance companies? Yes No

If yes, please explain: _____

HEALTHCARE REGULATORY CHECK-UP FOR HEALTHCARE CLIENTS

Initial Risk Assessment

51. Approximately how many records requests or audits have you received from payors in the past 12 months? _____ Government _____ Other

52. Has your entity ever been subject to recoupment or had to repay overpayments from a government or commercial payor? Yes No

If yes, please explain: _____

53. Has your entity ever been subject to any investigations by a government contractor or agency?
 Yes No

If yes, please explain: _____

To schedule your free consultation, complete and return the Initial Risk Assessment to:

Samantha L. Prokop, Esq.

** Licensed in Florida, Ohio and Oklahoma*

816 A1A North, Suite 204

Ponte Vedra Beach, FL 32082

Phone: (904) 638-3065 | Fax: (904) 567-1066

samantha@rezlegal.com | www.rezlegal.com