

Medicare Human Resource Company Questionnaire

The following questions allow us to customize the documents specifically to your company. The questions are optional; however, the more you provide, the better we can customize the documents to your agency. Once we receive your responses, we will begin customizing your order. We ask for five business days to complete this process. Upon completion, we will email the files to you. We look forward to working with you. Thank you for your order with Home Health Forms. Please email to info@homehealthforms.com

Question	Your Response
Company Name	
Company Street Address	
Company City, State Zip code	
Company Phone Number	
Company Fax Number	
Company email address	
What services does your company offer? (e.g. Skilled Nursing, Physical Therapy, Occupational Therapy, Medical Social Worker, Home Health Aide, Speech Therapy, Dietician?)	
What are your payer types? e.g. Medicare, Private Pay, Medicaid, Insurance, Workers Compensation.	
What is your Dress Code? (We have a comprehensive one in place if you do not have one prepared)	
What is your company Mission Statement and Goals (We have one in place if you do not have one prepared)?	

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Is your company seeking Joint Commission, ACHC, or CHAP accreditation? If so, which one?	
Please specify what state license category you are applying for, if possible provide a link to the regulations.	
What address should we ship your documents too? Applicable to Hard Copy orders.	
Please provide your logo if you have one.	Please email the logo to: info@homehealthforms.com

Regards,

David Anderson
HomeHealthForms.com
877-967-5493