

## PAS 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](mailto:info@homehealthforms.com)

Question	Your Response <span style="color: red;">Enter your information below <u>exactly</u> as you want it on your documents.</span>
Company Name	
Company Street Address	
Company City, State Zip code	
Company Phone Number	
Company Fax Number	
Company email address	
Does your company have a catch phrase?	
What are your office hours and days open?	
What services does your company offer?	
What is your fee schedule?	
What is your coverage area?	
Governing Body Chairperson Name:	
Organization List e.g. Jane Doe Administrator, John Henry Alternate Administrator, etc.	
Does your company utilize any consulting firms? If so, please list them.	
Name of the company you have contracted with to provide Backup Services. (Ex. Medical Staffing services)	

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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)?	
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: <a href="mailto:info@homehealthforms.com">info@homehealthforms.com</a>

Regards,

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