



**VirtuOx Pro Medical Billing**

**Rate List**

<b>Revenue Cycle Management</b>	<b>8% of posted revenue n-15</b>
<b>Insurance verification and prior Authorization</b>	<b>\$50 per patient n-15</b>
<b>Credentialing Services</b>	<b>\$500 per Payer contract</b>
<b>Client and Clearinghouse initiation fee</b>	<b>\$200 one time fee</b>

**Client Demographics**

**Dentist practice name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**Office Primary Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **fax:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Current insurance affiliations:** \_\_\_\_\_

**Desired affiliations:** \_\_\_\_\_

**Expected monthly Oral Appliance volume:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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