Client Information

Bowen inc.
Better Business

Personal Information

Personal Data

(name) (date of birth)

(spouse) (occupation) (date of birth)

(address) (city) (state) (zip)

Contact Information

(email) (email other)

(home tel) (cel) (other)

Children

1 (name) 2 (name)

(age) (date of birth) (age) (date of birth)

3 (name) 4 (name)

(age) (date of birth) (age) (date of birth)

Legal

Is there a will? ☐ yes ☐ no

Estate planning? ☐ yes ☐ no

Living will? ☐ yes ☐ no

Trust? ☐ yes ☐ no

Personal attorney? ☐ yes ☐ no

(name)

May I contact? ☐ yes ☐ no

(tel)

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Property

Home Value $	Mortgage $	Payment $	/ Mo.	%
Home Value $	Mortgage $	Payment $	/ Mo.	%
Home Value $	Mortgage $	Payment $	/ Mo.	%

Life Insurance

(Name on Policy)	(Death Benefit)	(Annual Premium)	(Type of policy)	(Age of policy)
	$	$		
	$	$		
	$	$		
	$	$		

Accounts (Savings – Checking – Retirement – Mutual Funds)

(Type of Account)	(Name on Account)	(Amount)	(Institution)
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	

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Liabilities

Student Loan $ Business Loan $ Credit Card $

Other Assets and Liabilities:

Automobiles

(Make / Model)	(Year)	(Lease / Own)	(Mo. Payment)	(Name on Title)	(Bus. Use%)
			$		
			$		
			$		
			$		
			$		
			$		
			$		
			$		

How can I best help you, your family and your business?

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Business Information

Business Data

(Legal Name of Business)

(DBA if Different)

(Address) (City) (State) (Zip)

Contact Information

(Tel) (Cel) (Other)

(Website) (Email)

Other

(Entity Type: Corp, LLC, etc.) (Ownership%) (Other: Entity Type) (Ownership %)

(Annual Gross Income) $ (Your Salary) $ / month (Dividends)

Spouse or children on payroll? yes ☐ no ☐

If so, Why?

Do you have health insurance? yes ☐ no ☐

What type?

Is your staff covered? yes ☐ no ☐

Do you have an office retirement plan? yes ☐ no ☐

What type? (SEP, SIMPLE, 401K, 412i, Other)

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Accounts (Savings – Checking – Retirement – Mutual Funds)

(Type of Account)	(Name on Account)	(Amount)	(Institution)
		$	
		$	
		$	
		$	
		$	

Professionals in Office

(Name)	(Occupation)	(Employee?)	(Compensation)
			$
			$
			$
			$
			$
			$

Accountant ____________ (Annual Tax Prep Fee) $ ______

Bookkeeper ____________

(If None, who compiles profit/loss statements?) ____________

Payroll Service ____________

(If None, who writes payroll checks?) ____________

Brokerage House ____________

Practice Management Co. ____________

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Compliance

Do you use billing or coding software? ☐ yes ☐ no

(Company) ______ Satisfied? yes ☐ no ☐

Have you had a legal compliance audit? ☐ yes ☐ no

(Who?) ______ (When?) ______

Do you have an office compliance manual? ☐ yes ☐ no

Are you a participating Medicare provider? ☐ yes ☐ no

Do you collect co-pays? ☐ yes ☐ no

Do you document medical necessity? ☐ yes ☐ no

Offer cash discounts? ☐ yes ☐ no

Do you bill insurance for staff treatment? ☐ yes ☐ no

Do your chart notes match your billing codes? ☐ yes ☐ no

Have you been audited by the

IRS	☐ yes	☐ no
State	☐ yes	☐ no
Insurance Co.	☐ yes	☐ no
Medicare	☐ yes	☐ no

Explain ______

Do you have any current IRS or other legal issues? yes ☐ no ☐

______

______

Other

Are you planning any major personal or business purchases in the near future? yes ☐ no ☐

______

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Do you have any other businesses? yes ☐ no ☐

Do you receive any pensions from other entities? yes ☐ no ☐

Does your spouse contribute to a pension plan or other retirement plan? yes ☐ no ☐

How many years until retirement? Desired income $ / month

Do you have or expect to have other sources of funds for retirement? yes ☐ no ☐

Will you need to fund children's education? yes ☐ no ☐

Other needs for funds?

Do you want your practice to grow? yes ☐ no ☐

What is holding it back?

Use this section to tell me anything you think I should know:

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