



HEALTHCARE CONSULTANTS

NURSE REGISTRY START UP QUESTIONNAIRE

Today's Date: _____

1. Please provide the following agency information:

Registry Name	
Contact Name	
Registry Address	
County	
Registry Phone	
Agency Fax	
Email Address	

2. Provide the salary and number of hours worked at each position:

Position	Salary	Number of Hours Worked
Administrator		
Alternate Administrator		
Financial Officer		
Registered Nurse		
R.N.s		
L.P.N.s		
C.N.A.s		
Home Health Aides		
Homemaker/Companion		

3. List the Registry rent amount and lease terms.

4. Itemize start up cost (equipment, insurance, etc.) and identify if these amounts will reduce your current cash available

Expense Item	Amount	Has Item already been paid? Y or N
Advertising		
Equipment Purchases		
Legal Cost/ Consulting		
Beginning Inventory		
Insurance		
License Fee		
Accreditation Survey and/or Medicare & Medicaid Certification		
Building Deposits		
Utility Deposits		
Other Deposits		
Staffing Recruitment		
Staff Training		
Other -		
Other -		
Total		

5. Estimate the following of independent contractors:

Position	Total Number of Contractors	Total Annual Hours Paid	Cost per Hour	Charge per Hour
R.N.s				
L.P.N.s				
C.N.A.s				
Home Health Aides				
Homemaker/Companion				

6. Identify the amount of cash on hand. Is it currently in the bank and available?

7. Identify the owners and percentage owned.

8. Indicate the types of payers will you accept:

"Yes" or "No"	Payer
	Private Pay
	Medicaid Waiver
	Insurance
	HMO/PPO
	Other

9. (ex. private insurance, HMO/PPO, Medicaid Waiver, Insurance)

10. Please identify the person completing this form and list contact information.

11. Is it ok to include your Registry on my website listing past and present clients/references?

Once complete, please email this form to nancy@waltersaccounting.com or fax it to 727-279-2851. Feel free to call Doug at 941-756-0700 with any questions. Thank you.