# NWG R0070 R0075 Survey Template

## Company Profile

### Company Demographic Information

**Transportation Cost Analysis for Calendar Year Period:** 2024

**State(s):**

**MAC:**

| Company Information | Responses |
| --- | --- |
| Company Name: | *Value Needed* |
| Company Address, City, St, Zip | *Value Needed* |
| Contact | *Value Needed* |
| Cell Phone | *Value Needed* |
| Office Phone | *Value Needed* |
| Office fax # | *Value Needed* |
| email address: | *Value Needed* |
| Practice Locations Covered in this Report: | *Value Needed* |

### Geography Served

| Geography Served | Responses |
| --- | --- |
| States: | *Value Needed* |
| Counties | *Value Needed* |
| Description of Rural Counties Served: | *Value Needed* |
| Years Providing Portable X-ray Services: | *Value Needed* |
| Are you sharing space with another provider? Ex. IDTF. | *Value Needed* |
| Are you sharing equipment with another provider? Ex. IDTF | *Value Needed* |
| Are you sharing employees with another provider? Ex. IDTF | *Value Needed* |

## MAC Template

| Company Information | Responses |
| --- | --- |
| State and locality of service area | *Value Needed* |
| Company Name (see Company Profile Tab) | *Value Needed* |
| NPI Numbers | *Value Needed* |
| Company Address | *Value Needed* |
| Other states of your service | *Value Needed* |
| Name of company you share space and resources with | *Value Needed* |
| NPI Number | *Value Needed* |

## Direct Personnel Costs

| Personnel | Costs |
| --- | --- |
| Driver's Wages (provide the number of drivers in the notes section) | *Value Needed* |
| Dispatcher Wages (provide the number of dispatchers in the notes section) | *Value Needed* |
| Total Direct Wages | *Value Needed* |
| Employer Payroll Taxes | *Value Needed* |
| Health Benefits | *Value Needed* |
| Workers Comp Insurance | *Value Needed* |
| Communication directing techs (Cell phone, E-mail) | *Value Needed* |
| Other (please list and explain): | *Value Needed* |
| Total Direct Wages & Fringe Benefits: | *Value Needed* |

## Vehicle Costs

| Vehicle Category | Costs |
| --- | --- |
| Maintenance | *Value Needed* |
| Fuel cost | *Value Needed* |
| Tolls | *Value Needed* |
| Vehicle Tracking (provide methods associated with tracking) | *Value Needed* |
| Vehicle Rental (provide the number vehicles in the notes section) | *Value Needed* |
| Vehicle Insurance (provide the number vehicles in the notes section) | *Value Needed* |
| Vehicle Sales Tax | *Value Needed* |
| Vehicle Registration(provide the number vehicles in the notes section) | *Value Needed* |
| Vehicle Property Tax | *Value Needed* |
| Vehicle Build-out / UpFit ( | *Value Needed* |
| Vehicle Safety Supplies jumper cables, flares, etc. | *Value Needed* |
| Vehicle Depreciation Provide the number of vehicles in the notes section with the year of purchase and Vehicle Purchase Price | *Value Needed* |
| Other direct costs (please list and explain): | *Value Needed* |

**Total Vehicle Costs**: $x.xx (*Value Needed)*

**Total Direct Costs**: $x.xx (*Value Needed)*

**Total Direct Costs (TDC):** $x.xx (*Value Needed)*

**Total Number Of Trips (TNOT):** $x.xx (*Value Needed)*

**Direct Costs Per Trip** (TDC/TNOT)$x.xx (*Value Needed)*

## Indirect Costs:

| Indirect Category | Costs |
| --- | --- |
| Supplies (provide itemized list of supplies in the notes section) | *Value Needed* |
| Repairs & Maint Equipment | *Value Needed* |
| Repairs & Maint Computer/Software includes EMR fees | *Value Needed* |
| Utilities and Facility Support | *Value Needed* |
| Telecom and Connectivity | *Value Needed* |
| Seminars and Conferences | *Value Needed* |
| Taxes, Licenses and Fees | *Value Needed* |
| Insurances (General & Professional, D&O, Cyber. Etc.) | *Value Needed* |
| Rent | *Value Needed* |
| Office Supplies | *Value Needed* |
| Revenue Cycle Management | *Value Needed* |
| Accounting & Finance | *Value Needed* |
| Payroll | *Value Needed* |
| Human Resources | *Value Needed* |
| Legal / Compliance | *Value Needed* |
| Call Center | *Value Needed* |
| Information Technology | *Value Needed* |
| Recruiting / On Boarding | *Value Needed* |
| Training / Certifications | *Value Needed* |
| Uniforms | *Value Needed* |
| Executive Management | *Value Needed* |
| **Other (please list and explain):** | *Value Needed* |

**Total Indirect Costs:** $0.00 (*Value Needed)*

**Total Trips:** $0.00 (*Value Needed)*

**Average trips per day (assume 365 days/yr):** 0.0 (*Value Needed)*

**Total Indirect Costs Per Trip:** $0.00 (*Value Needed)*

**Total Direct & Indirect Costs Per Trip (TDLC):** $0.00 (*Value Needed)*

**Note: The MAC will review claims data to validate the number of trips and beneficiaries serviced.**

## Trips

| Calculation of Total Trips. | HCPCS | Claim Count | Total Trips |
| --- | --- | --- | --- |
| Claims billed when 1 patient seen: | R0070 | *Value Needed* | *Value Needed* |
| Claims when 2 patients seen | R0075-UN | *Value Needed* | *Value Needed* |
| Claims when 3 patients seen | R0075-UP | *Value Needed* | *Value Needed* |
| Claims when 4 patients seen | R0075-UQ | *Value Needed* | *Value Needed* |
| Claims when 5 patients seen | R0075-UR | *Value Needed* | *Value Needed* |
| Claims when 6 or more patients seen | R0075-US | *Value Needed* | *Value Needed* |
| **TOTALS: (TnoT)** |  | *Value Needed* | *Value Needed* |
| **PATIENTS/TRIP** |  | *Value Needed* | *Value Needed* |