

**Proposal & ROI Data Request Form**

|  |  |
| --- | --- |
| Name of Company |  |
| Name of Contact |  |
| Phone Number |  |
| Email Address |  |
| Total # of Employees |  |
| Total # of Dependents (if known) |  |
| Will this be Employer Paid, Embed or Voluntary? |  |
| Health Insurance: Self Funded or Full Insured? (\*) |  |
| Company Website |  |
| Requested By |  |
| Pricing |  |

**ROI Request Information:**

ROI’s are run on Employer Paid groups that are Self-Funded only. If we can get 12 months claims then we can give them an accurate ROI based on their utilization. This information needed is as follows:

\*If Self Funded – Please complete the information below

|  |  |  |  |
| --- | --- | --- | --- |
| 12 Months Data | Primary Care | Urgent Care | Emergency Room |
| Total Number of Visits |  |  |  |
| Average Cost Per Visit | $ | $ | $ |

**IMPORTANT: Below are the industry averages for PC,UC & ER. If your cost per visit is way off this number it will negatively affect your ROI calculation. Please double check your numbers before submitting.**

Primary Care: $104 Average Cost

Urgent Care: $155 Average Cost

Emergency Room: $1318 Average Cost