

Fill out this worksheet and use as a reference to quickly complete the online survey.

You may also wish to print out the benchmark definitions for assistance while completing the worksheet.

A note regarding the upper/lower limits: In some instances, a suggested upper and lower limit is included in the definition - these limits are intended to be helpful general guidelines and do not reflect the data that has been submitted to date nor do they reflect any national figures. By including them, our intent is for you to re-check your data for accuracy. You will NOT be prevented from completing the survey should your data fall outside of these suggested limits. As there are many variables to consider, please do not be alarmed by these limits. Benchmarking data will vary according to practice size, specialty, region and other factors.

**Section 1: Revenue and Cost**

Contact Lens Revenue and Expense Reporting	<input type="checkbox"/> Clinical <input type="checkbox"/> Optical <input type="checkbox"/> NA	Suggested upper limit: N/A Suggested lower limit: N/A
Total Clinical Net Revenue	<input type="text"/>	Suggested upper limit: \$3.0M per FTE physician Suggested lower limit: \$100K per FTE physician
Total Ophthalmologist (MD/DO) Clinical Net Revenue	<input type="text"/>	Suggested upper limit: \$3.0M per FTE physician Suggested lower limit: \$100K per FTE physician
Total Optometrist (OD) Clinical Net Revenue	<input type="text"/>	Suggested upper limit: \$500K per FTE physician Suggested lower limit: \$50K per FTE physician
Total Non-Physician Revenue	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
Total Clinical Non-Physician Skincare Revenue	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
Enter Total Clinical Non-Physician Vitamins Revenue	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
Enter Total Clinical Non-Physician Hearing Aids Revenue	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
Enter Total Clinical Non-Physician Other Revenue	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
Total Clinic Operating Expenses	<input type="text"/>	Suggested upper limit: 70% of total clinical net revenue Suggested lower limit: 30% of total clinical net revenue
Total Clinic Facility Expenses	<input type="text"/>	Suggested upper limit: 25% of total clinical net revenue Suggested lower limit: 5% of total clinical net revenue
Total Number of Practice Owners	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
Total Number of FTE Ophthalmologists (MDs/DOs)	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
Total Number of FTE Optometrists (ODs)	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A

Total Owner Compensation from Clinical Operations	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
Total Ophthalmologist (MD/DO) Clinical Compensation	<input type="text"/>	Suggested upper limit: 70% of total clinical net revenue Suggested lower limit: 20% of total clinical net revenue
Total Optometrist (OD) Clinical Compensation	<input type="text"/>	Suggested upper limit: \$400K per OD Suggested lower limit: \$20K per OD
Total Encounters for All Providers	<input type="text"/>	Suggested upper limit: 20K encounters per FTE Ophthalmologist (MD/DO) Suggested lower limit: 1,000 encounters per FTE Ophthalmologist (MD/DO)
Total New Patient Encounters	<input type="text"/>	Suggested upper limit: 90% of total encounters for all providers Suggested lower limit: 5% of total encounters for all providers
Total Ophthalmologist (MD/DO) Encounters	<input type="text"/>	Suggested upper limit: 20K per FTE Ophthalmologist (MD/DO) Suggested lower limit: 1000 per FTE Ophthalmologist (MD/DO)
Total Optometrist (OD) Encounters	<input type="text"/>	Suggested upper limit: 15K per FTE Optometrist (OD) Suggested lower limit: 100 per FTE Optometrist (OD)

**Section 2: Staff**

Total Number of FTE Staff	<input type="text"/>	Suggested upper limit: 15 per \$1k of total clinical net revenue Suggested lower limit: 1
Total Staff Cost	<input type="text"/>	Suggested upper limit: 60% of total clinical net revenue Suggested lower limit: 15% of total clinical net revenue
Total Number of FTE Non MD/DO/OD Clinical Staff	<input type="text"/>	Suggested upper limit: 8 per FTE Ophthalmologist (MD/DO) Suggested lower limit: 1
Total Non MD/DO/OD Clinical Staff Cost	<input type="text"/>	Suggested upper limit: 60% of total clinical net revenue Suggested lower limit: 15% of total clinical net revenue
Total Number of FTE Front Office Staff	<input type="text"/>	Suggested upper limit: 5 per FTE Ophthalmologist (MD/DO) Suggested lower limit: 1
Total Front Office Staff Cost	<input type="text"/>	Suggested upper limit: 10% of total clinical net revenue Suggested lower limit: 5% of total clinical net revenue
Total Number of FTE Billing Staff	<input type="text"/>	Suggested upper limit: 2.0 per \$1k of total clinical net revenue Suggested lower limit: 1
Total Billing Staff Cost	<input type="text"/>	Suggested upper limit: 10% of total clinical net revenue Suggested lower limit: 5% of total clinical net revenue
Total Number of FTE Management and other Staff	<input type="text"/>	Suggested upper limit: NA Suggested lower limit: NA

Total Management and other Staff Cost	<input type="text"/>	Suggested upper limit: NA Suggested lower limit: NA
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**Section 3. Accounts Receivable**

Total \$ Clinical A/R	<input type="text"/>	Suggested upper limit: 90% of total clinical net revenue Suggested lower limit: 5% of total clinical net revenue
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Total Gross Charges for Fiscal Year	<input type="text"/>	Suggested upper limit: 400% of total clinical net revenue Suggested lower limit: 100% of total clinical net revenue
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Total \$ Clinical A/R 0-30 days*	<input type="text"/>	Suggested upper limit: 15% of total gross charges for fiscal year Suggested lower limit: 5% of total gross charges for fiscal year
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Total \$ Clinical A/R 31-60 days*	<input type="text"/>	Suggested upper limit: 5% of total gross charges for fiscal year Suggested lower limit: 1% of total gross charges for fiscal year
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Total \$ Clinical A/R 61-90 days*	<input type="text"/>	Suggested upper limit: 5% of total gross charges for fiscal year Suggested lower limit: 1% of total gross charges for fiscal year
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Total \$ Clinical A/R 91-120 days*	<input type="text"/>	Suggested upper limit: 3% of total gross charges for fiscal year Suggested lower limit: 0% (0) of total gross charges for fiscal year
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Total \$ Clinical A/R 121+ days*	<input type="text"/>	Suggested upper limit: 3% of total gross charges for fiscal year Suggested lower limit: 0% (0) of total gross charges for fiscal year
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\*If your practice does not report aging AR skip these

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**Section 4. Optical**

Total Optical Net Collections*	<input type="text"/>	Suggested upper limit: \$6M Suggested lower limit: \$20K
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Total Optical Cost of Goods (COG)*	<input type="text"/>	Suggested upper limit: 70% of total optical net collections Suggested lower limit: 15% of total optical net collections
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Total Optical Operating Expenses*	<input type="text"/>	Suggested upper limit: 90% of total optical net collections Suggested lower limit: 10% of total optical net collections
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Total Number FTE Opticians*	<input type="text"/>	Suggested upper limit: 25 Suggested lower limit: 0
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Total Number of Optical Sales*	<input type="text"/>	Suggested upper limit: Total optical net collections divided by \$75 Suggested lower limit: 100
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Total Number of Refractions (92015)*	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
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Total Contact Lens Revenues*	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
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Total Contact Lens Cost of Goods*	<input type="text"/>	Suggested upper limit: N/A Suggested lower limit: N/A
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\*If your practice does not have an optical shop or outsources optical services you may skip these