



## MGMA 2017 State Salary Survey

(\*Asterisks denote required questions)

Use the checklist below to help you compile answers in preparation for survey participation.

### PRACTICE PROFILE INFORMATION

<input type="checkbox"/>	*Are you a State MGMA member?
<input type="checkbox"/>	*Practice Name
<input type="checkbox"/>	*Practice Address
<input type="checkbox"/>	*Practice City
<input type="checkbox"/>	*Practice State
<input type="checkbox"/>	*Practice ZIP
<input type="checkbox"/>	*Organization Type
<input type="checkbox"/>	*Practice or Specialty Type
<input type="checkbox"/>	*Report Recipient Email

### PRACTICE DEMOGRAPHICS

<input type="checkbox"/>	Practice NPI
<input type="checkbox"/>	*Fiscal Year
<input type="checkbox"/>	*Total Physician FTE
<input type="checkbox"/>	*Total Nonphysician Provider FTE
<input type="checkbox"/>	*Total Support Staff FTE
<input type="checkbox"/>	*Total Medical Revenue (collections)

### STAFF DEMOGRAPHICS

<input type="checkbox"/>	*Staff Name
<input type="checkbox"/>	*Position Title
<input type="checkbox"/>	Staff is a New Hire
<input type="checkbox"/>	*Full-Time Equivalent

### STAFF COMPENSATION

<input type="checkbox"/>	*Total Annual Compensation
<input type="checkbox"/>	Hourly Rate Compensation