



2018 MGMA STATE SALARY SURVEY

(*Asterisks denote required questions)

[Click here to view the survey guide and learn more about what's included in each question.](#)

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

PRACTICE 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"/>	*What type of organization do you work for?
<input type="checkbox"/>	*Report Recipient Email
<input type="checkbox"/>	*Who is your practice's majority owner?
<input type="checkbox"/>	*What is your practice's practice or specialty type?

PRACTICE DEMOGRAPHICS

<input type="checkbox"/>	Practice NPI
<input type="checkbox"/>	*For the purpose of reporting the information in this questionnaire, what fiscal year was used?
<input type="checkbox"/>	*Total physician FTE in practice
<input type="checkbox"/>	*Total nonphysician provider FTE in practice
<input type="checkbox"/>	*Total support staff FTE in practice
<input type="checkbox"/>	*What was the total medical revenue (collections) for your practice?

STAFF INFORMATION

<input type="checkbox"/>	*Staff Name
<input type="checkbox"/>	*Position Title
<input type="checkbox"/>	*Certified in Position
<input type="checkbox"/>	*Employment Status
<input type="checkbox"/>	*Full-Time Equivalent
<input type="checkbox"/>	*Total Annual Compensation
<input type="checkbox"/>	*Hourly Rate Compensation (SUPPORT STAFF ONLY)