

"Precision Billing, Profitable Practices"

We are dedicated to empowering physician practices to reach their full potential and thrive.

About USMED Billing Solutions

We specialize in offering 24/7 medical billing services to a diverse clientele including physicians, hospitals, medical institutions, and group practices. When you collaborate with us, you gain access to a proficient team equipped with advanced technology and expertise to effectively address your billing challenges.

With our efficient and economical solutions, we aid in maximizing your revenue potential while alleviating administrative burdens or potential losses through our tailored Revenue Cycle Management (RCM) solutions.

Our team comprises certified trainers with over a decade of experience, ensuring that newcomers are proficient in specialty jargon and up-to-date with the latest coding developments.

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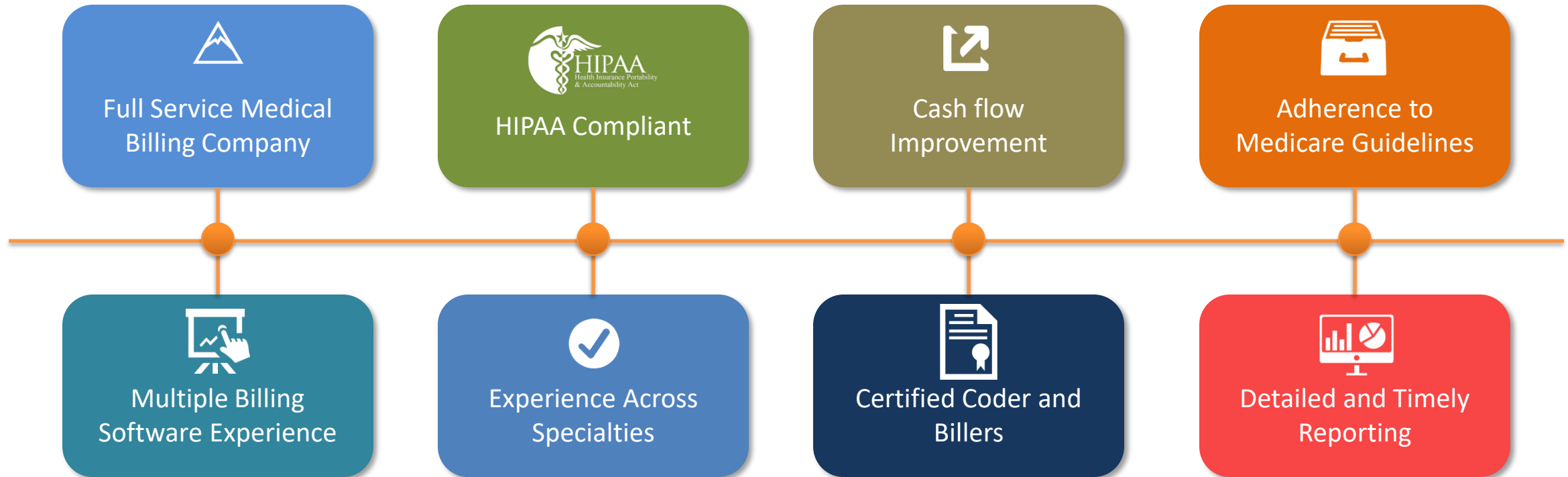


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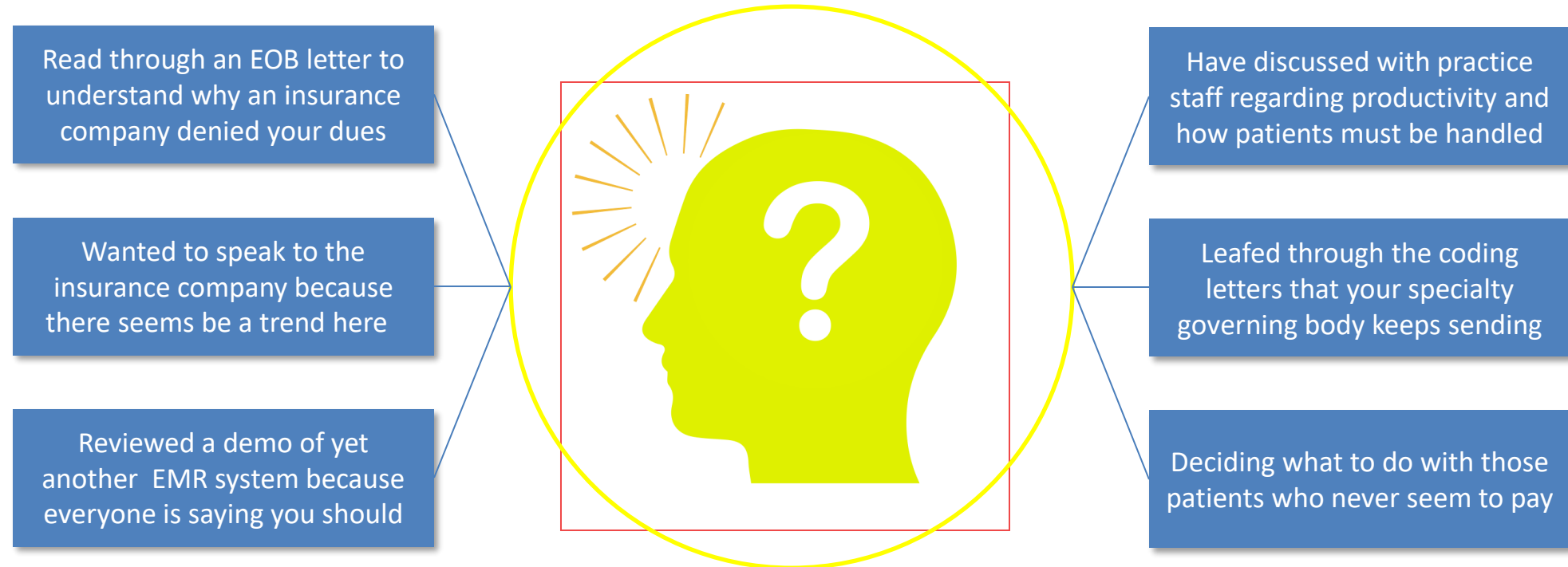


Where do Practices Loose Money

- 25%-35% revenue loss due to improper patient handling at the front office (missed phone calls, patient no-shows, poor follow ups).
- Dissatisfied patients are 80% more likely to give negative referrals, adversely impacting the flow of new patients.
- Average revenue loss of 32% due to insurance claim rejections.
- 50% of rejected claims are never reprocessed.
- Doctors only collect 49% of patient balances owed.
- Doctors spend 75 -100 minutes a day supervising billing claims instead of seeing patients and generating additional revenue.



Think of a Typical Week at Your Practice



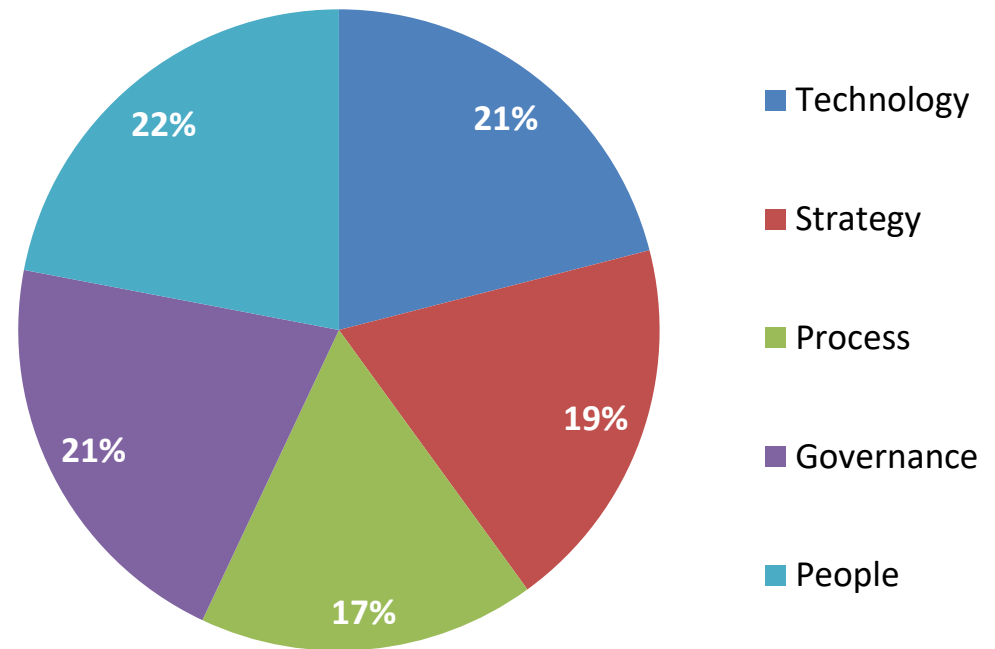
Which of the above is related to taking care of patients?

Yet we find practice after practice spending more time on non-patient related activities so that they could stay in business

Why software Isn't the only solution?

“Why can't I just buy advanced software and manage the front, EMR, and back office in-house?”

Your Operational Success Depends on More Than Just Technology



**Source: Oracle*

Services – Turnkey RCM

Revenue Projection: USMED Billing Solutions will project your monthly revenue at the start of every month based on payer mix, historical patient volume and revenue pending from account receivable.

Timely claims submission : Upon receipt of the encounter forms USMED Billing Solutions will submit claims to the insurance company within 24 hours.

Claims error checking : USMED Billing Solutions will check all encounter forms to ensure that all relevant information for processing the claim by insurance companies is available.

Accounts Receivable Follow up: Claims that haven't been paid beyond a certain date will be flagged and followed up on to ensure collection. In general, USMED Billing Solutions will keep your 60 day outstanding accounts receivable below 20% and 90 day accounts receivable below 10%.

Patient statements: USMED Billing Solutions will send out customized statements to patients with balances due on their accounts.

Payment Posting: USMED Billing Solutions will enter all of the Explanation of Benefits, patient payments and insurance payments into our patient management software to maintain accurate accounts receivable.

Patient billing hotline: Patients can dial USMED Billing Solutions's toll free number to speak to our collection specialists regarding their bills. Our specialists have access to each patients account and can help answer any queries that the patient may have.

Services – Turnkey Front Office Management

Manage patient phone calls: We answer and route all incoming patient calls and centrally schedule, manage and confirm or reschedule all appointments for the doctor's office

Manage insurance eligibility: We obtain eligibility verification from insurance companies prior to the patient's appointment to ensure that there are no insurance denials due to patient's loss of coverage, deductibles not met, no out of network benefits etc.

Manage Patient payment: We ensure that the right amount of co pays and deductibles are paid by patients.

Confirm Appointment: We confirm appointments by calling patients before the set appointment to ensure that the no-show rate can be significantly reduced.

Measure 'pulse of customer': We conduct Patient surveys to understand their needs wants and sources of value. The results are shared with the practice to modify operations to match those requirements.

We provide monthly reports on the health of the practice: The reports includes information on number of appointments booked, number of calls received, common complaints, issues facing patients etc.

Services – Billing and Front Office Support

The services below are offered on an ad-hoc basis

Appointment Confirmation Calls: We confirm appointments by calling patients before the set appointment to reduce the no-show rate.

Pre-authorization Management: We obtain pre-authorizations from insurance companies for procedures that a provider needs to perform.

Account Receivable Follow up: We follow up on outstanding insurance claims to support your existing revenue cycle management operation.

Patient Bill Follow up: We make soft reminder calls to patients with outstanding balances and can even take payments over the phone.

Charge Entry: We can enter billing changes and patient demographics into your billing system.

Our Process

- Access day's schedule, the patient information sheet, the front and back of the patient's insurance cards and the billing statements.
- Call the patient's insurance to confirm eligibility and verify benefits to determine if a referral or authorization is needed for the visit along with providing what the patient will owe for the visit as best we can determine.
- Review each of the billing statements or superbills as they come in to ensure that the codes and diagnosis are properly linked and that the necessary modifiers are utilized.
- Submission of claims in accordance with LMRP (Both Paper Claims and Electronic Claims)
- Payments are posted as they are received by our office from client's office.
- follow-up calls to the insurance company will take place firstly to insure prompt payment and secondly, to assure the claims are paid accurately for the services performed.
- Written correspondence to the insurance companies and submission of appeals for denied services are part of our services offered.
- Furnish with reports so that client is able to track cash flow and manage the practice more efficiently
- Assist clients in setting up procedures and protocols in their billing processes to maximize collections and streamline operations.



Typical Client Results

RESULTS FOR BILLING OFFICE

- Decrease 90 day Aging to less than **10%**
- Decrease in overhead costs by **50%**
- Get monthly projections on your revenues collected with a **+10%** accuracy
- Get **weekly transaction** summaries on revenue booking and collections
- See how your practice is performing **compared** to your peers

RESULTS FOR FRONT OFFICE

- Increase in patient volume of **15%-30%**
- Decrease in overhead costs by **10%**
- Increased patient satisfaction by **40%-80%**, hence increasing patient recall
- Decreased load on existing clinical staff allows better patient care
- **Improved billing and collections** since insurance, address and phone numbers are verified before each appointment



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Empowering Medical Practices
An Extension To Your Office