Collective Revenue

HELPING YOU SEE SUCCESS IN YOUR OPTOMETRY REVENUE CYCLE MANAGEMENT

FAQS

Eligibility

Collective Revenue does not verify active policy information, it is up to the office to ensure correct data entry of patient's name, date of birth, insured's information, and insurance and member ID. If a claim is rejected, we will exhaust all avenues to correct the errors and resubmit the claim.

Prior Authorizations

Collective Revenue does not obtain initial authorizations from insurance companies. It is the office's responsibility to do so. If this information is needed on a claim, the office needs to prepare the invoice with this information in box 19 on the CMS claim form.

Referrals

Collective Revenue does not obtain referrals. Most HMO plans require a referral from their primary care physician. In the event of claim denial, we will transfer the balance to the patient with, "Referral absent". The patient will need to contact their doctor to obtain a referral.

Vision Claims

Collective Revenue will not submit claims to standalone vision plans for routine services, glasses, or contacts. The exception is vision claims going to a Medical payer like Medicaid through your clearinghouse.

Coordination of Benefits

Collective Revenue will submit COB claims for medical services from the patient's medical plan to their vision plan. We will not COB vision to vision plans. Please note that Eyemed does not COB to medical plans.

Statements

Collective Revenue does not generate and mail patient statements. We will transfer the balances due from the patient with detailed transfer reasons.

Patient Correspondence

Collective Revenue does not answer patient questions.

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Coding

Collective Revenue does not change coding and diagnosis codes without consulting with the doctor. It is up to the doctor to ensure the claim is ready to be sent with the appropriate coding guidelines. We will add the appropriate modifiers and specific diagnosis as needed. We will scrub all claims for any issues and notify you for correction.

Claims

Pending claims will not be submitted and must be authorized to notify us to submit the claim.

Secondary Claims

In the event of secondary claims not crossing over from Medicare, we will submit those claims to the secondary payer

Payment Processing

Collective Revenue will post the insurance payment and applicable patient responsibility as directed by the insurance company. We will not adjust the patient balance outside of this guideline.

Non-Credentialed Providers

Collective Revenue will not change the provider on the claim if a provider is not credentialed with a plan.

Denied Claims

Collective Revenue will exhaust all avenues to researching and understanding why a claim was denied. We will make any necessary corrections and resubmit. In the event, that eligibility is not found, we will transfer the balance to the patient.