



COUNTRYWIDE MEDICAL
BILLING SERVICES

HASSLE-FREE **MEDICAL BILLING SERVICES**

Prepared by

Countrywide Medical Billing Services

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WHY COUNTRYWIDE MEDICAL BILLING SERVICES CAN BE THE RIGHT AGENCY TO USE BILLING SERVICES?



Only focus on Medical Billing Services. **No Software selling interest.**



Countrywide Charges only on total monthly insurance collection. No fee on patient's payment (Selfpay).



99% of companies work on bulk claim follow-up rather than working on each procedure code but Countrywide guarantees to review every single procedure code and get them paid.



Special MIS Expert Team to prepare any reports as per our client's request.



Countrywide does not write-off a single claim without our client's consent.



Real-time assistance.



AR RECOVERY SERVICES

- ✓ Divide the team to work on Current AR and Past Due Claims Separately.
- ✓ Guaranteed Claims Follow-up and Rebilling tasks completed within 90-120 days.
- ✓ Claims Follow-up and Denial analysis report submission at the end of month to client by providing categories from highest number of claims denial reason to lowest number of claims denial reason to understand the billing issues.
- ✓ Highest Dollar Value Patient's Claims Follow-up Assigned to our Expert Team Members.
- ✓ Complete cycle of doing claim analysis from history of previously billed claims under same patient, review of clearing house claims approval status, taking judgement by comparing claims status through insurance web portal and phone, check benefits verification of patient, Identifying the correct denial reason and rebill/reprocess the claim with 99% accuracy to get the claims paid within 30 days after rebilling it by taking experts feedback.
- ✓ We provide a report comparing the difference in revenue and paid claims from before we began working with you and after the 1st quarter completion, to highlight our effectiveness.

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REVENUE CYCLE MANAGEMENT STRATEGY

KEY BENEFITS





Daily/Weekly/
Monthly Client
reporting



Monday To Friday
Real-time
assistance



Fee
Schedule
Analysis



Enrollment
Assistance



Appointment
Scheduling &
Patient Registration



Rebilling and
reprocessing claims



Patient Statement
Generation



Reimbursement
Specialist Auditors



Separate team to
handle current AR &
Old AR



Secondary
Insurance billing



Insurance Collection
Posting (EOB/ERA)



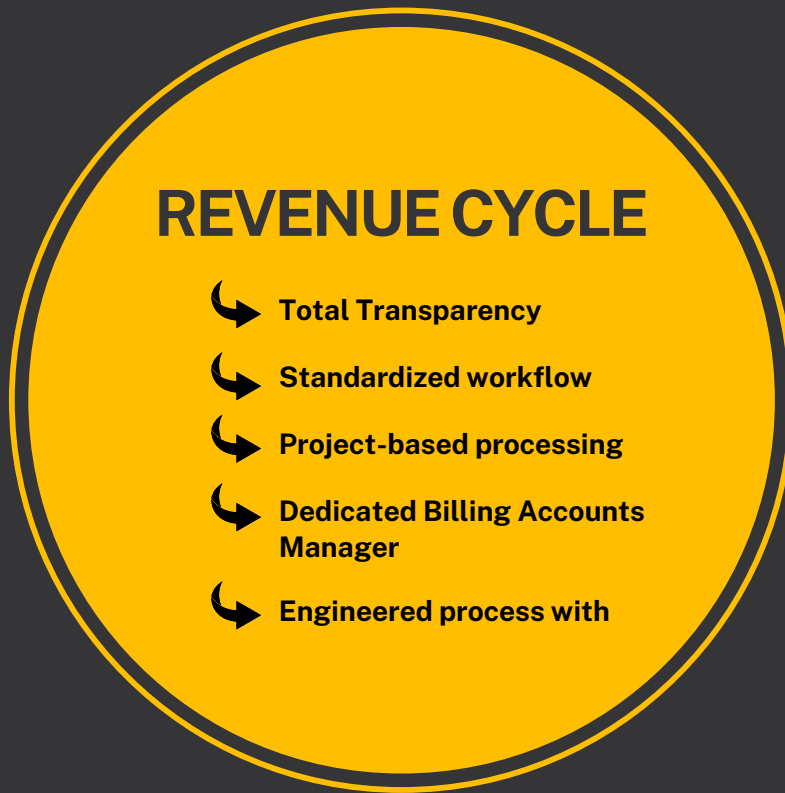
Electronic and Paper
Claim submission



Eligibility &
Verification



Charge entry with
Claim submission



ADDITIONAL SERVICES WITH REAL-TIME SUPPORT

✓ BENEFIT VERIFICATION BY PHONE

Countrywide believes that accurate verification that must be done by phone for each procedure on regular basis to avoid huge loss. Majority of offices are losing money because benefits are not being verified on time. By the time companies realize the patient's benefits do not cover services, they have already given months of free service.

✓ PRIOR-AUTHORIZATION REQUEST

If we don't request authorization on time and miss the time-frame to apply for authorization then clinics can lose huge revenue.

✓ SUPPORT

We provide live support through email and phone for "Benefits Verification" and "Authorization process" to ensure that we obtain the patient's benefits or authorization prior to the patient's visit to avoid any huge loss of revenue for our clients.

OUR PROCESS



HELP TO INCREASE REVENUE

Timely Filing Claims issue can be avoided by using Countrywide internal email support services and Direct Contact of Owner resolve major issues of Clinics to help smooth out the regular Cash Flow.

We target highest balance of patients from Outstanding Claims of Account Receivables and assign it to our special team of experts.

Insurance specific expertise of using proper Modifiers to avoid getting repetitive denials.

Accurate coding and use of add on codes as per the Insurance guidelines.

Use of claim scrubbing tool helps prevent denied claims.



MIS EXPERT-REPORTS

Our MIS Expert keep an eagle eye on your Practice and prepares all required reports and immediately contacts the super management in case if their analysis says something is going wrong.

Our MIS Expert Team providing all necessary reports based on client's Needs. It can be Daily, Weekly or Monthly.



ON-BOARDING CALLS

Countrywide Billing Manager schedules an onboarding call after getting access to the practice management software to pull out all the reports of each month by showing the trend of the past year of Billing Charges amount Insurance wise, Insurance collection, Clearing House Rejections and AR Report Bucket wise.

We also schedule a special feedback call after completing 1st quarter to show the difference of what the practice was earning before and how Countrywide has mad the difference in 3 months by putting constant efforts and daily communication with front desk staff.

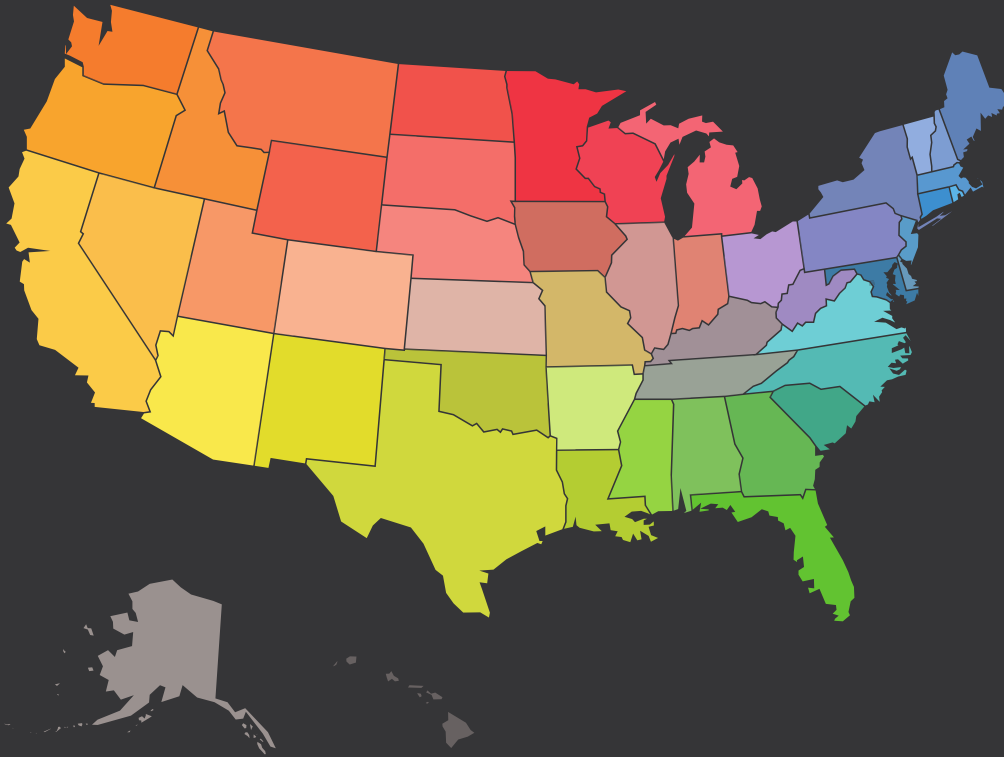


DIRECT FOCUS ON CASH FLOW

Highly qualified Analysis team to keep track of every individual process on daily basis. If they see that numbers are reducing in Daily Verification/Demo Entry/Charge Entry/Payment Posting then they will immediately contact to the doctor's office to ensure that we aren't missing anywhere in between sharing the documents.

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LET US DO THE BILLING SO YOU CAN FOCUS ON HEALING



CONTACT US

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