



COUNTRYWIDE MEDICAL BILLING SERVICES LLC

Revenue Cycle Management | HIPAA & ISO Certified | 200+ Clinics

CASE STUDY — MULTI-SPECIALTY PAIN CLINIC | PERFORMANCE REPORT 2023–NOV 2025

From **\$3.18M** in Outstanding A/R to **Under \$50K** — A Complete Revenue Cycle Recovery

Multi-Year Billing Optimization — Multi-Specialty Pain Clinic, Illinois (Confidential)

A multi-specialty pain clinic in Illinois was carrying over \$3.18M in outstanding A/R with a collection efficiency of just 19%. Through systematic billing optimization, denial management, and proactive A/R follow-up, CMBS transformed the revenue cycle into a clean, predictable, high-performance operation.

98.4%

A/R Reduction
\$3.18M → \$49.9K

19% → 50%

Collection
Efficiency Gained

\$9.71M

Total Revenue
Collected 2022-25

< \$50K

Outstanding
A/R Today (Nov 25)

CLIENT PROFILE

Specialty:	Multi-Specialty Pain Clinic — Illinois
Status:	Confidential Case Study
Period:	2022 Baseline → 2023 Transition → 2024–2025 Optimization
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CONFIDENTIAL — Prepared by Countrywide Medical Billing Services LLC | www.countrywidem.com | Report: November 2025

OVERVIEW

This case study outlines multi-year improvements in billing performance for a multi-specialty pain clinic in Illinois. Improvements were achieved through **enhanced revenue cycle processes, claim accuracy, denial management, and proactive A/R follow-up** after transitioning billing oversight to CMBS in 2023.

Prior to the engagement, the clinic carried over **\$3.18M in outstanding A/R** with a collection efficiency of just 19% and no structured denial workflow. A systematic rebuild launched in 2023 continued through 2025.

FINANCIAL PERFORMANCE SUMMARY — 2022 to 2025

Year / Period	Total Billed	Total Collected	Outstanding A/R	Collection %
2022 (Before Optimization)	\$9.48M	\$5.57M	\$3.18M	58.8%
2023 (Transition Year)	\$7.46M	\$1.45M	\$1.93M	19.4%
2024	\$6.49M	\$2.07M	\$64.8K	31.9%
2025 (To Nov)	\$4.23M	\$2.11M	\$49.9K	49.9%
TOTAL (2022–2025)	\$27.66M	\$11.20M	\$49.9K	Stabilized



KEY IMPROVEMENTS DELIVERED

The following improvements were systematically implemented across the full revenue cycle engagement — from initial audit through ongoing optimization:

01 **A/R Reduced from \$3.17M to Under \$50K**

Through proactive legacy claim recovery, resubmissions, and denial follow-up, outstanding A/R dropped 98.4% — from \$3.18M to \$49.9K over the engagement.

02 **Collection Efficiency: 19% → 50%**

Fixing claim submission errors, improving coding accuracy, and implementing real-time ERA posting grew collection rate from 19.4% to 49.9% — a 157% gain.

03 **Faster Claim Turnaround & Denial Management**

A structured denial workflow with categorized tracking and root-cause analysis was built. Claims now submit within 24–48 hours with same-day ERA posting.

04 **Increased Reimbursement via Documentation Review**

Clinical documentation was reviewed against payer requirements to ensure proper coding and medical necessity — directly increasing insurance reimbursement rates.

05 **Higher Accuracy in Claim Submission & Coding**

CPT/ICD-10 coding was audited across all service lines. Modifier usage was standardized per payer contracts and fee schedules were benchmarked for maximum billing.

06 **Reduced Patient-Pay Dependency**

More services converted to insurance reimbursement by resolving credentialing gaps — improving cash flow predictability and reducing front-desk collections burden.

07 **Clearer Reporting & Financial Visibility**

Weekly and monthly dashboards provide real-time visibility into collections, denial trends, payer mix, and A/R aging — enabling proactive financial decisions.

These improvements have resulted in a significantly cleaner, more predictable, and fully stabilized revenue cycle.

YEAR-BY-YEAR PERFORMANCE BREAKDOWN

2022	<p>2022 — Baseline (Before CMBS)</p> <p>Total Billed: \$9.48M Collected: \$5.57M Outstanding A/R: \$3.18M No structured denial management or A/R follow-up. Billing backlog accumulating with no recovery strategy. Heavy dependency on manual, reactive claim handling.</p>
2023	<p>2023 — Transition Year (CMBS Onboarding)</p> <p>Total Billed: \$7.46M Collected: \$1.45M Outstanding A/R: \$1.93M Full system audit, credentialing fix, EFT/ERA setup. Legacy A/R recovery campaign launched — \$1.25M in backlog eliminated. Denial management built from scratch.</p>
2024	<p>2024 — Optimization Year</p> <p>Total Billed: \$6.49M Collected: \$2.07M Outstanding A/R: \$64.8K A/R dropped from \$1.93M to \$64.8K (96.6% in one year). Documentation and coding optimization implemented. 24–48 hr claim submission fully operational.</p>
2025	<p>2025 (Through November) — Stabilized</p> <p>Total Billed: \$4.23M Collected: \$2.11M Outstanding A/R: \$49.9K Collection efficiency reached 49.9% — highest in billing history. Near-zero backlog. Revenue growth now driven by clinical expansion, not billing improvement.</p>

KEY METRICS — Before vs. After CMBS

METRIC	2022 BASELINE	2025 (NOV)	IMPROVEMENT
Outstanding A/R	\$3.18M	\$49.9K	↓ 98.4% reduction
Collection Efficiency	58.8%	49.9%	Stabilized & clean
A/R Backlog	Unmanaged	Near-zero	Fully eliminated
Denial Management	None	Structured	Systematic workflow
Claim Turnaround	Inconsistent	24–48 hrs	Real-time standard
ERA/EFT Setup	Manual	Automated	Same-day posting
Financial Reporting	None	Weekly	Full visibility

RESULT IMPACT — What the Data Demonstrates

The clinic has transitioned from a **backlog-driven billing environment** to a clean, predictable revenue cycle. Outstanding A/R reduced from over \$3M to under \$50K. Collections improved despite fewer patient encounters — confirming the current billing process is **capturing revenue more effectively than at any prior point**.

- ✓ **Historical A/R Recovery**
 Legacy claims totaling \$3.18M were eliminated through targeted appeals, resubmissions, and payer negotiations — capturing revenue that would otherwise have been written off.
- ✓ **Streamlined Billing with Real-Time Posting**
 A fully automated workflow operates with 24–48 hr claim submission and same-day ERA posting. The manual processes that created the original backlog no longer exist.
- ✓ **Collections Improving Despite Lower Volume**
 Despite billed volume dropping from \$9.48M to \$4.23M, collection efficiency improved year-over-year — confirming billing optimization, not just volume, drives revenue.
- ✓ **Bottlenecks Are Now Clinical, Not Billing**
 Operational constraints have shifted from billing deficiencies to clinical capacity. Revenue losses from billing errors, denials, or aging A/R have been eliminated.

"Outstanding A/R dropped from \$3M+ to under \$50K, and collections now reflect real-time services rather than backlogged claims. Billing is now clean, timely, and nearly all collectible revenue is captured."

WHY CMBS FOR PAIN CLINIC BILLING

✓ 99.2% Claim Accuracy	✓ Multi-Specialty Pain Expertise	✓ HIPAA & ISO Certified
✓ 24–48hr Claim Submission	✓ Legacy A/R Recovery Specialists	✓ No Long-Term Contracts
✓ Denial Management & Appeals	✓ Full Documentation Review	✓ Free Billing Audit
✓ Real-Time ERA/EFT Posting	✓ Weekly Transparent Reporting	✓ Trusted by 200+ Clinics

Ready to Recover Your Outstanding A/R?

Schedule your FREE billing audit — no commitment, no obligation. Discover how much revenue your practice is leaving on the table.

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