

Unbound Clinical Blueprint

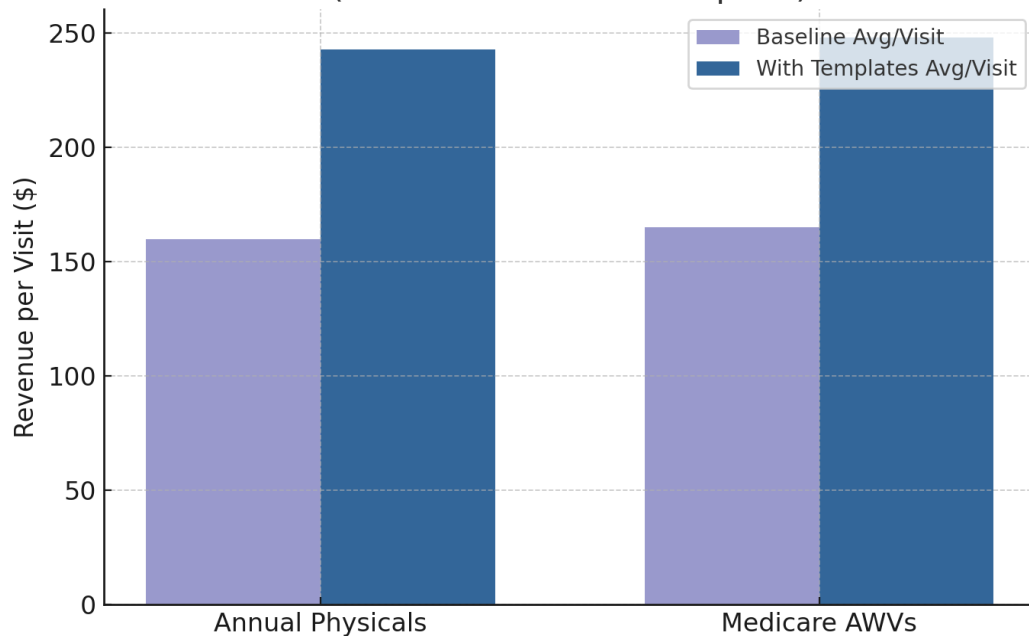
Proven Revenue and Time Savings with Intake + Provider Templates

- ✓ Patients self-screen: ZERO extra provider time.
- ✓ Templates embed all counseling and billing justification automatically.
- ✓ Denials drop because documentation is audit-ready every time.

Revenue Impact (1 Year Results)

Service	Baseline	With Templates	Improvement
Annual Physicals (547 visits)	\$87,522 (\$160/visit)	\$132,901 (\$243/visit)	+\$45,379 (+52%)
Medicare AWWs (G0438/G0439)	~\$165/visit	~\$248/visit	+50%, Denials near zero

Revenue Impact per Preventive Visit
(Unbound Clinical Blueprint)



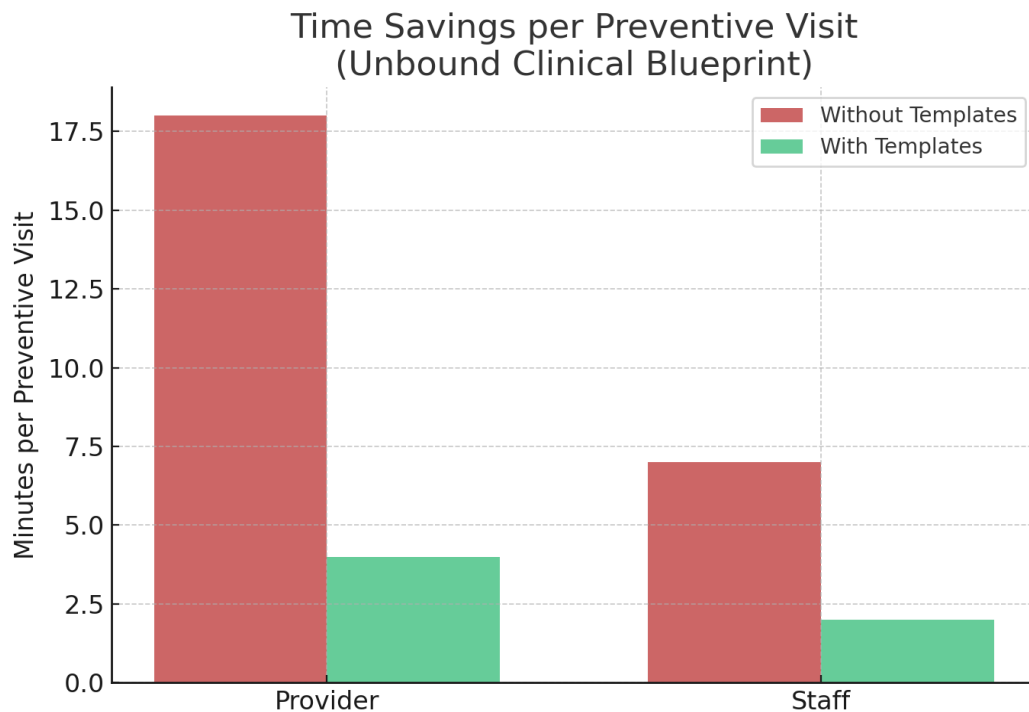
Time Savings per Preventive Visit

Unbound Clinical Blueprint

Proven Time Savings with Intake + Provider Templates

- ✓ Patients self-complete screenings, saving provider and staff time.
- ✓ Templates embed counseling and billing justification automatically.
- ✓ Providers review and sign in minutes instead of typing everything.
- ✓ Denials avoided, saving staff countless hours on appeals.

Role	Without Templates	With Templates	Time Saved
Provider	15–20 min	3–5 min	12–15 min
Staff	5–10 min	1–3 min	5–7 min
Total	20–30 min	5–8 min	17–22 min



Each preventive visit saves 17–22 minutes of documentation time.

At 500 annuals a year, that equals 140–180 hours saved.

Executive Summary

Unbound Clinical Blueprint

The Problem

Most practices are losing money on preventive visits because:

- Screenings (PHQ-9, GAD-7, CRAFT-12, SDOH) are skipped or inconsistently documented.
- Counseling (cardiovascular, obesity, diet, exercise) is under-coded.
- Claims are often denied or downgraded for lack of proper documentation.
- Providers and staff do not have the time to keep up with every coding requirement.

The result: lost revenue, unnecessary denials, and wasted staff effort.

The Solution

Our Intake + Provider Templates solve these problems by:

- Having patients self-complete validated screenings (PHQ-9, GAD-7, CRAFT-12, SDOH, pain, functional status) before the provider even enters the room.
- Embedding counseling and preventive care documentation directly into the provider's note (cardiovascular, obesity, diet, exercise, immunizations, etc.).
- Providing built-in billing justification with the exact language payers require.
- Eliminating wasted provider time. By the time the patient encounter starts, the provider already knows everything they need to know.

Providers simply review, confirm, and sign. All the heavy lifting is done in advance.

The Proof (Real-World Results, 1 Year of Implementation at LSMA)

After one full year in a working practice, the results are clear:

Service	Baseline Revenue	With Templates	Uplift
Annual Physicals (547 visits)	\$87,522 (\$160/visit)	\$132,901 (\$243/visit)	+\$45,379 (+52%)
Medicare AWWs (G0438, G0439)	~\$165/visit	~\$248/visit	+50%, Denials near zero

Why It Matters

- Financial impact: Even 500 annuals per year equals \$41,500 extra revenue. At 1,500 annuals that is \$124,500 extra.
- Compliance impact: Audit-ready documentation drastically reduces denials and downgrades.
- Time impact: Providers spend zero extra time. All screenings are self-completed by the patient, and the template captures counseling automatically.

The Bottom Line

Our system has been successfully implemented in real practice for over a year. It turns a \$160 annual into a \$243 annual, a 50 percent revenue increase per visit, while reducing denials and saving provider time.

It would be financially irresponsible not to implement this.

Prepared by: Unbound Clinical Blueprint