**FORGET the 30 Minute Zoom Request!**

***Do you really need a committee to tell you that you should allow Precision to navigate and to perform compliance mandated services that we can prove with CMS/Payer data that you are missing but think you're doing, when there is no upfront or out-of-pocket costs and no operational changes?  We can launch in 72 hours!***

**Everything You Need to Know About How Providers**

**Are Graded & Silently Penalized!**

**According to current CMS/Payer data, most providers are missing around or over $250,000 in services they think they are doing, but the data shows otherwise**.

These grading algorithms are in the Payer’s systems and not in any EHR.  We know this because since 2007, we have helped architect and build these CMS/Payer grading systems. **We’re excited to share your report card with you!**

**How Does Precision Work & What Does It Cost?**

1. You keep 100% of this clinical revenue, as Precision is paid separately for our Care Coordination and Navigation codes.
2. You can choose to bill these codes and turn your expense center into a profit center or pay less and not submit the claims for our services.
3. Because you keep 100% of the clinical based revenue we drive, many organizations choose not to bother to bill for our services.  Depending on the program this is a savings of 8.35% to 40%.
4. There’s never an upfront or out-of-pocket cost, and you can never be charged more than you collect for these services.
5. There is no new technology to learn and no new staff responsibilities.
6. No changes are required in your present operations processes.
7. It is always free for ACOs and Medicare Advantage programs.

* [See a short video & summary of services, pricing and our agreement, then select your program here.  We can launch in just 72 hours!](https://pvbmtech.com/)

After you review this information, please ask for[a short Zoom](mailto:doug@precisionvbm.com) to answer any remaining logistical questions.  Thanks again!