



The **TFSC** ADVANTAGES



98%
Clean Claims
Approval
(First Pass)

Dramatically faster
cash flow with
minimal denials
and rework



100%
IVR
Handling

Eliminates burden
on your staff while
ensuring faster, more
accurate verifications



**Month-to-
Month**
Agreements

We earn your
business every month
through performance,
not contracts



Daily
(Real-Time)
Billing

Claims submitted
immediately,
accelerating
reimbursements &
reducing lag



Up to
70%
Reduction in
Operating
Costs

Lower overhead
without sacrificing
performance or
results





Performance Guarantee *If We Don't Deliver, You Don't Pay*

We stand behind our results. If we do not deliver the financial improvement we outline, you don't pay. Our model is entirely performance-driven and aligned with your success.

72-Hour EHR Deep Dive *(Complimentary Full Revenue Analysis)*

We are granted 72 hours of secure access to your EHR system to perform a comprehensive financial analysis of your revenue cycle. This is not a surface-level review. Following that access period, we deliver a 35–40 page detailed report that pinpoints exactly where your organization is leaking revenue, identifies missed opportunities, uncovers underpayments, and highlights inefficiencies across your entire billing process.

This complimentary analysis is one of the most powerful and unique tools TFSC offers, giving you full visibility into your financial health before any commitment is made.

EXECUTIVE-LEVEL CLARITY

Along with the full report, we include a 1-page Executive Summary designed for leadership and board-level review, clearly outlining key findings, financial impact, and immediate opportunities for improvement.

REALISTIC TURNAROUND TIMELINE

Analysis delivery is based on organization size and complexity:

- **Hospitals & SNFs:**
~2–3 weeks
- **Medical Practices:**
~2–3 days

ACTIONABLE REVENUE INTELLIGENCE

Beyond identifying problems, we provide clear, strategic recommendations, including additional revenue-generating opportunities your organization is already positioned to capture but may not be utilizing.



COMPREHENSIVE

Revenue Cycle Management Solutions



- ✓ **12-Month Look-Back Analysis**
Identifies revenue opportunities most providers never uncover
- ✓ **Recovery of Up to 6 Mos of Past Denials**
Turns previously lost revenue into immediate cash recovery
- ✓ **Shortest Turnaround Times**
Faster reimbursement cycles and improved cash flow predictability
- ✓ **Expert Denial Resolution**
Significantly higher recovery rates than traditional billing teams
- ✓ **Continuous, Aggressive Follow-Up**
Ensures no claim is left untouched or forgotten
- ✓ **Dedicated Practice Manager**
Direct communication, accountability, and a single point of contact
- ✓ **Certified Coding Team**
Higher accuracy, fewer denials, and maximized reimbursements
- ✓ **24/7 Billing Operation**
Claims are worked around the clock, not limited to business hours
- ✓ **100% HIPAA-Compliant (SOC 2 Type II Certified)**
Enterprise-level security & full regulatory protection
- ✓ **Full Compliance at Every Level**
Eliminates risk and ensures audit readiness
- ✓ **Proven, Scalable Workflows**
Consistent results across hospitals, SNFs, and practices
- ✓ **Seamless System Integration**
No disruption to your current operations or workflows
- ✓ **Works Alongside Your Team**
Enhances your existing infrastructure, not replaces it

Why TFSC Outperforms Traditional Billing?

Traditional Billing Model	TFSC Model
1-3 Year Contracts	Month-to-Month <i>We earn your business every month</i>
72-80% First-Pass Approval	98% Clean Claims on First Submission
Reactive Follow-Up	Aggressive, Continuous Claim Pursuit
Billing Delays (Weekly/Batch)	Daily, Real-Time Billing
High Overhead / Staffing Costs	Up to 70% Cost Reduction
Limited Visibility	Full Revenue Transparency + Executive Reporting
Denials Written Off	Denials Actively Recovered (Up to 6 Months Back)
9-5 Operations	24/7 Revenue Cycle Execution
"No Accountability" Vendors	Performance-Driven <i>If We Don't Deliver, You Don't Pay</i>



Performance-Driven Model (No Upfront Cost)

Our success is directly tied to increasing your revenue



Loved by Clients and Staff

Strong daily relationships and consistently high satisfaction



Zero Client Attrition

We've never lost a client because results speak for themselves

ADDITIONAL OFFERING

FTE Workforce Solutions

In addition to our full-scale RCM services, we provide highly skilled, degreed full-time professionals across billing, coding, credentialing, scribing, and administrative roles at approximately **\$2,500/month**

Immediate Impact No Training Required

Our FTEs are experienced and production-ready from day one, eliminating onboarding delays

Outperforming In-House Staff

Clients consistently report our FTEs match or exceed the productivity and accuracy of their internal teams

Scalable & Cost-Efficient

Quickly expand your workforce with proven talent at a fraction of traditional hiring costs, without HR burden or turnover risk



HIPAA Compliance Certified



SOC 2 Type II Certified

Contact Us Now!



Case Study: From 2 to 40+ Locations—Strategic Growth for a Texas-Based Provider

Client Overview

Practice Type: Multi-specialty healthcare group

Location: Texas

Initial Footprint: 2 clinics

Current Footprint: 40+ clinics (in under 24 months)

Service Provided: Revenue Cycle Management, Strategic Consulting, Credentialing, Compliance Infrastructure

Partner: TFSC

The Challenge

In early 2023, a Texas-based provider group approached TFSC with two active locations and a bold vision to expand statewide. However, their existing billing process was inconsistent, credentialing was slow, and revenue collection couldn't keep pace with their growth model. They needed a partner—not just a processor.

Our Approach

We built a tailored, scalable infrastructure designed for rapid expansion:

- **Centralized RCM operations** with real-time reporting and a 98% claim approval rate
- **Credentialed over 250 providers** across Medicare, Medicaid, and commercial payers
- Developed **compliance playbooks** for each specialty and state
- Provided **monthly strategic reviews** and financial forecasting tied to expansion milestones
- Assisted with **clinic acquisition billing transitions** and post-launch revenue capture

The Results

Grew from **2 to 40+ clinic locations** across multiple Texas markets

Maintained **98% claim approval rate** despite rapid growth

Enabled **faster provider onboarding** with streamlined credentialing and EMR integration

Increased net revenue by **15–20% per clinic** on average
Zero disruptions in billing during rapid acquisition rollouts

What the Client Said

“TFSC didn’t just help us bill—we built a foundation together. Every time we added a new clinic, they were three steps ahead. Their team scaled with us faster than we thought possible.”

— **Founder & CEO, Multi-Specialty Group – Texas**

Conclusion

Growth requires more than ambition—it demands a backend team that’s built for scale. At TFSC, we specialize in helping visionary healthcare providers grow fast *and* stay financially strong.

Case Study: Georgia Podiatrist Reclaims \$2.7M in Revenue After Massive Clawbacks

Client Overview

Practice Type: Podiatry Clinic

Location: South Georgia

Issue: \$2.7M in Medicare clawbacks spanning the last 6 months

Service Provided: Forensic Audit + Revenue Recovery + Compliance Strategy

Partner: TFSC

The Challenge

A busy podiatry clinic in Georgia faced a sudden and severe financial threat: over **\$2.7 million in Medicare clawbacks** issued within a 6-month window. These clawbacks were triggered by inconsistent documentation, modifier errors, and billing patterns that were flagged during a payer review. The clinic’s internal billing team was overwhelmed and at risk of halting operations.

Our Approach

TFSC stepped in with a **targeted forensic audit strategy**:

- Conducted a **comprehensive 12-month billing analysis** to identify the exact cause and scope of the clawbacks
- Categorized claims into **appealable vs. non-appealable** and prioritized high-value recoverable cases

- Collaborated with the provider’s staff to **reconstruct clinical justification and documentation**
- Submitted **corrected and resubmitted claims** using appropriate modifiers and coding structure
- Engaged directly with Medicare MACs to facilitate appeal and reprocessing

The Results

\$2.45M (over 90%) of clawed-back claims were recovered

Prevented further clawbacks by correcting billing patterns

Trained internal team on documentation and compliance updates

Maintained the provider’s Medicare participation and stabilized cash flow

What the Client Said

“We were on the verge of closing doors after receiving letters demanding millions. TFSC not only helped us recover the majority of the money—they taught us how to avoid this ever happening again.”

— **Clinic Administrator, Georgia Podiatry Group**

Conclusion

Clawbacks can devastate a practice—but with the right partner, recovery is possible. At TFSC, we specialize in stepping in when others can’t. If you’ve been blindsided by audits, underpayments, or clawbacks, let’s talk.