



PROVIDER PROTECTION

YOU CAN NEVER BE INVOICED FOR MORE THAN

50% OF NET COLLECTIONS

RECEIVED IN THE CURRENT MONTH

FOR OUR CARE COORDINATION & NAVIGATION CODES.

This 50% cap applies only to Precision invoices for our care coordination & navigation codes. It does **NOT** apply to your total practice collections or other clinical services.



Your financial protection is built into our agreement.

PROGRAM OPTIONS

Same Goal. Your Choice. Always Provider Protected.

Choose the option that best fits your organization. In every option, **you keep** 100% of the clinical revenue identified in your CMS/Payer Report Card, and our fees are in addition to that value.



PEOPLE
Healthier Communities



PERFORMANCE
Stronger Organizations



PURPOSE
A Brighter Tomorrow

A

QUARTERLY BILLING / PERFORMANCE

\$12

PER RESPONSE

Insurance-Billed Response
(CPT 99421, 99422, 99423)

✓

Claim-ready superbill + agreed billing support

✓

Quarterly workflow aligned to payer measurement cycles

✓

No upfront payment — fees are financed through collections

✓

Provider remains in complete clinical control

✓

Provider protection: You can never be invoiced for more than 50% of Net Collections (see above)

Best for organizations that want to use insurance billing and pay only as collections occur.

B

RESPONSE-BASED / NO INSURANCE BILLING

\$8

PER RESPONSE

✓

No insurance billing

✓

Engagement, validation, documentation and provider-directed connection

✓

No response, no fee — you only pay for responses processed

✓

Provider remains in complete clinical control

✓

All other program benefits included

Best for organizations that do not want to use insurance billing.

C

PMPM (MONTHLY)

\$2

PER MEMBER PER MONTH

Simple. Predictable. At-Scale.

✓

Flat monthly fee based on 18-month active patients

✓

No insurance billing

✓

Includes outreach, assessments, engagement and provider connection

✓

Monthly invoicing (no waiting for collections)

✓

Provider remains in complete clinical control

✓

All other program benefits included

Best for organizations that want a simple, predictable monthly model without insurance billing.



YOU KEEP 100% OF YOUR CMS/PAYER REPORT CARD VALUE.



OUR FEES ARE IN ADDITION TO THAT VALUE (≈ 6%).



NOT A DENT. A DIFFERENCE.



ALTRUISTIC & CAPITALISTIC.™

GET STARTED IT'S EASY!



1. SIGN
A simple agreement.



2. PROVIDE CONTACTS
Our RCM team pulls the list.



3. WE LAUNCH
Outreach in as little as 72 hours.



4. YOU SEE RESULTS
More completed care. Stronger performance. Healthier patients.