

INPATIENT HOSPITAL SERVICES

Our staff will be available to duplicate the pertinent information on or off site with the original file being returned to you as quickly as possible. Our Field Personnel are fully trained to gather the necessary information without disruption of your own operation.

Upon completion of this process, our clients should be rest assured that the reimbursement they received from the insurance company fully complies with their contract. Our staff also fully evaluates all rejections to make sure the insurance companies are within the guidelines of the Hospital and Patient's contract.

We employ an automated data system, with every account representative on line with our PC Network. The claims are entered into our Data Processing Network, which generates:

1. Acknowledgment Report
2. Status Report
3. Closed Account Report
4. Remittance Report

The Client Acknowledgment Report is sent to the provider upon the completion of the work being manually keyed into the Billing system. This process usually takes approximately one week. An assignment date is utilized on each account for the client's records.

Monthly Status Reports are generated to keep the client updated as to the progress being made on each account.

In the event an account is sent to us and either there is no valid insurance or the insurance Company has issued a final rejection, the account will be closed and returned. Our billing system will generate a report to each client on a monthly basis detailing the above mentioned accounts.

Remittance reports are also generated on a monthly basis. This report will notify the client of all payments made by the efforts of our agency and whether monies were received by them or sent directly to our firm. It will also show the exact dollar amount paid by the Insurance Company and how much the agency fee will be for that specific account. In the event money is due to the client a check will be attached for prompt reconciliation.