



# We work as an extension of your practice, helping you grow top-line revenue

**“Fast Pay Health is less than what we pay for a full-time staff member’s wages, workers compensation and benefits.”**

~ Dr. Joanne Gronquist, Santa Barbara, CA

In an era of declining reimbursements and high-deductible health plans, profit margins are tighter than ever for most medical practices. At Fast Pay Health, we believe medical providers should be able to focus on patient care—instead of paperwork and payments.

That’s why having a full-service revenue cycle management service (RCM) is so important. On average, more than 25% of lost practice revenue comes from poor medical billing and RCM practices. According to the Medical Group Management Association (MGMA), the average cost of reworking a claim is \$25 to \$30.

Closing these gaps requires spot-on attention to patient information, treatment and diagnosis codes, and evolving billing rules and insurance regulations. Trapping all the details so your claims get submitted and paid correctly on time is a challenge for many medical practices.

Our expertise in all areas of multi-specialty revenue cycle management ensures you get paid faster without the burden of coding, billing, claims and collections.

## Eligibility and Benefits Verification

Verifying a patient’s insurance eligibility and benefits is a critical first step. We ensure that demographic and insurance data are correct by verifying plan coverage and the amount a patient may owe (e.g., co-pays, co-insurance and deductibles).

## Provider Credentialing

Our RCM specialists simplify the credentialing process by reviewing documentation to determine the provider’s participation status in the health plan, then submitting and tracking provider credentialing applications based on insurance plan requirements.

## Patient Demographics and Charge Entry

We take the worry out of entering error-free patient demographics before we file insurance claims. We understand the importance of accurate charge entry so your practice can collect maximum reimbursements, decrease payment denials and increase profitability.

## Medical Coding

Our certified coders have extensive experience in all healthcare specialties. They’re well versed in CPT and ICD-10 coding, billing with code modifiers, electronic data interchange (EDI) processes, industry standards and maintaining 100% HIPAA compliance. We will bill the best way possible, adhering to strict coding and audit guidelines.

## Electronic and Paper Claims Submission

Our specialists adhere to 99% clean claim standards. We make sure your claims are clean and free from errors before we submit them—delivering a consistent and positive cash flow for your practice.

>> more



**fast pay** health

By First Insight

 [www.fastpayhealth.com](http://www.fastpayhealth.com)

 800.920.1940, ext. 6900

 [sales@fastpayhealth.com](mailto:sales@fastpayhealth.com)

# Everything you need for a healthier bottom line

## Secondary Claims Filing

If a patient has secondary insurance, you can run into timely filing denials. Many payers require you to bill a secondary carrier within a specific period, after you receive the primary payment. We'll keep those remits posted and claims processed daily.

## Insurance Payment Posting

We post payments that come in through Electronic Remittance Advice (ERA) and standard paper Explanation of Benefits (EOB) within 24-48 hours directly into your practice management system, so you have accurate and up-to-date accounts.

## Insurance Follow-up

We can help you reduce the number of hours you spend each day on the phone with insurance companies, so you can see more patients and increase revenue. We'll verify receipt of claims with insurance companies for you too.

## Claims Audits

Avoid delays in reimbursements with claim audits. Fast Pay Health specialists are experts at making sure your insurance claims are clean and free from errors. We believe that preventing those rejections in the first place is the best way to expedite revenue recognition.

## AR Clean Up and Aging Follow-up

We review accounts receivable and aging claims daily to see why open balances are still outstanding. We analyze unpaid claims then take the necessary steps to recover the amount due.

## Denied Claims Management

Researching unpaid or denied claims is a time-consuming process. We analyze all unpaid claims and EOBs and take the necessary steps to correct and reprocess rejected claims to recover the maximum payment possible.

## Quality Reviews

We believe in cross-checking every process, so our quality review team monitors every step of the revenue cycle management process.

## Business Analytics

Our comprehensive financial and performance reports analyze business trends, activity and the work completed for your practice, providing you with the insight into business strategies that will help you move your practice forward.



**Ask us for a free  
practice analysis**

**“We love getting paid faster.” ~ Cindy Hess, Clarksville, MD**