



Medical Billing & RCM

A Leading Subcontractor since 1999 for
Outsourced Medical-Legal
Documentation & Data Services

RCM

OFFICES

- California
- Florida
- Connecticut
- Texas
- Chennai

SERVICES

- RCM
- Coding
- Transcription
- Remote Scribing
- Medical Records Review
- AI-Fueled Analytics
- Medical-Legal Document Processing
- Remote Video Surveillance



Revenue Cycle Management

Increase Monthly Revenue
by up to 10%

- Error Management
- Daily Billing
- Delinquent Claim Review
- Payment Posting within 24-48 hours
- Client-specified A/R protocols
- Collections

- Statements
- Patient Call Center
- Denials Management
- Credentialing
- Practice Performance Evaluation
- Dedicated Account Managers

Your Medical Billing Partner

Credentialing and Enrollment: Our goal is to help ensure your profitability. We identify the top carriers for a center or group based on location and type of services they provide, then initiate the contracting and credentialing process. **FREE for our billing clients!**

Eligibility Verification: We provide the information to verify eligibility, including the exact amount a patient owes in the form of Copays / Coinsurance / Deductibles, and an overview of the patient's payment history.

Pre-Authorization: We handle prior authorization from the payer to cover specific services before a service is performed, reducing effort and frustration for your team.

Demographics & Charge Entry: We manage demographics & charge entry. You can track all claims and verify they are filed within 24 – 48 hours.

EOB Posting & Reconciliation: Payments received through ERA / EOB are posted on the system within 24 – 48 hours. Reports are reconciled daily. Denials are captured and moved to the **Denials Management team**. Two levels of quality audit ensure the process meets international standards. Our specialists are trained to understand patient responsibility, such as secondary balance, etc.

Next →

Get Quote

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VP, Sales
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RCM SERVICES, *continued*

Medical Coding: Our certified coders handle specific specialties, assist in documenting with appropriate CPT and ICD codes and modifiers, and **ensure adherence to coding guidelines**. We keep your staff informed about rules & regulatory updates, and discuss how specific procedures can be billed together with particular treatments or accompanying medical services.

Primary & Secondary Claims Dispatch: We maintain a **98% clean claim standard**. Trends and analysis are shared with you during a Review meeting or at your request.

Denials Management: To avoid disruption in revenue inflow, Claim Denials are analyzed carefully to determine the root cause for each problem, then escalated to **ensure denials are fixed and don't recur in the future**. You receive a Denials analysis report once a week.

- Denials are addressed within 72 hours of receipt.
- Percentage of Denials are tracked daily, and recurring trends uncovered.

A/R Management and Follow-up: We have collected millions of untapped dollars when taking on new projects, and we pursue every dollar on the table that is owed. We check with the insurance companies for outstanding claims over 30 days through **A/R calling**. Report details and trends are shared with you once weekly or monthly.

Patient Statements: We send monthly statements to patients on time, helping them manage their payables balances.

Patient Receivables Follow-up & Collections: We have extensive experience and excellent communication skills to assist with Self Pay Follow-Up. As your representative, our quality-certified customer service personnel help deal compassionately and firmly with irate patients and skip-tracing to reduce bad debt write-offs.

Reports: We run predefined reports, on-demand reports, and customized reports according to your requirements. We provide a breakdown of charges, payments and adjustments for CPT and HCPCS codes; a breakdown of the method of payments and adjustments; and a breakdown, by provider, of the total number of claims, charges, payments, and adjustments. **See up-to-the-minute detailed or summarized aged receivables data for 100% visibility over uncollected claims.**

Referral Management: We work continuously on referral management for you as **one of the best methods to spur hospital and health system patient retention.**

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