

“Payment Center completes the billing cycle providing valuable insight of payment information and further reduces paper in our office”

Large Multi-Specialty Billing Manager

Access your Explanation of Benefits on-line and send Secondary Billings Electronically:

- Have access to payment information and denial reasons.
- Forward secondary claims electronically.
- Know the reasons claims are being denied payment.

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Electronic Remittance Advice

Electronically receiving your Remittance Advice Information ranks as the #1 benefit and *best business practice* for your clinic. Data for payment information can be automatically posted against your practice management system, alleviating the time and energy to post payments manually.

Payment Center Provides

- Repository for reviewing individual payments, printing of single vouchers or the entire voucher, and filing of secondary claims electronically in seconds.
- Remittance information provides valuable information as to why claims are being rejected.
- Remittance information available at your fingertips reduces time wasted searching through filing cabinets or off site storage retrieval.
- Turn around time, top 10 denial reasons, and charge to payment ratios are just a few examples of reports that are next to impossible to retrieve from your practice management systems.

You'll notice the impact of our service immediately

Send Secondary Claims Electronically – Select the payment, payer and send your secondary claim electronically in seconds.

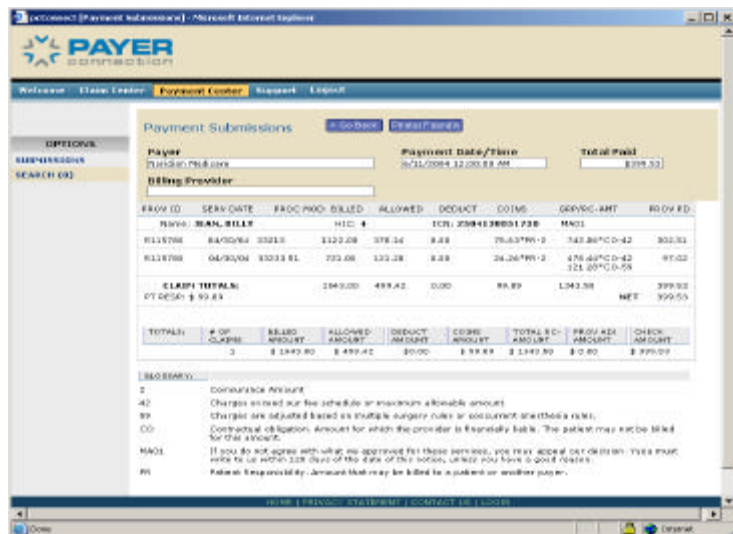
Faster Reimbursement – Remittance files are available on-line the same day they would otherwise be forwarded to a mail room for printing and mailing

Business Intelligence – Understand the payment ratios by Payer, top denial reasons, and payment turn around time.

More Benefits

- Analysis of Payment Denials
- Download files for auto-posting

View of Payment Voucher Screen



FROM ID	SERV DATE	PROC PWD	BILLED	ALLOWED	DEDUCT	COINS	GRVDC AMT	ROW ID
8118786	8/30/04	30213	1322.08	378.34	8.88	78.63**D-2	742.86**D-42	30213
8118786	04/30/04	30213	732.08	132.28	8.88	24.26**D-2	478.46**D-42	8702
8118786	04/30/04	30213	732.08	132.28	8.88	24.26**D-2	478.46**D-42	8702
ELAPSE TOTALS:			2849.00	499.42	0.00	88.89	1243.98	399.02
OT DESK \$ 99.84								NET 399.02

TOTALS	# OF CLAIMS	BILLED AMOUNT	ALLOWED AMOUNT	DEDUCT AMOUNT	COINS	TOTAL B-C AMOUNT	# OF DENIALS	CHECK AMOUNT
3	3	\$ 2849.00	\$ 499.42	\$ 0.00	\$ 88.89	\$ 1243.98	0	\$ 399.02

DISCLAIMER:

42. Coinsurance Amount
43. Charges entered sur. fee schedule or maximum allowable amount
44. Charges are adjusted based on multiple surgery rules or addendum and/or a risk.
45. Contractual obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.
46. If you do not agree with what we approved for these services, you may appeal our decision. Your patient will be held 100% responsible for the cost of the service, unless you have a good faith belief in the patient's responsibility. Amount that may be billed to a patient or another payer.

Payment Center provides on-line access to Explanation of Benefits and a repository for all payment history.