

Everything Included In Ongoing Billing

Every Step

1. We check every claim before it goes out, then submit it.
2. We bill your commercial, Medicare and Medicaid claims, whichever you bill.
3. We review coding and modifiers on your claims.
4. We correct and resubmit rejections.
5. When a claim denies, we find the cause before we resubmit or appeal, so the same denial doesn't keep coming back.
6. Now and then a payer approves your credentialing before its contracting team finishes loading you, and early claims deny because of it. We know this lag well, work it directly with the payer, and get those claims reprocessed together instead of one by one.
7. We post every payer and patient payment and adjustment for the providers we cover.
8. We reconcile what was paid against what was billed, and we reconcile patient accounts.
9. We keep each payer's fee schedule on file, requesting any we don't have with your permission, and check your payments against it regularly so underpayments get caught and corrected.
10. We follow up on unpaid claims with each payer.
11. You get a written report each month.

What You Provide

- Your onboarding packet.
- Access as a user in your EHR with billing turned on, your clearinghouse if you use one, and your payer portals.

Timelines

- Within two business days of confirmed payment, you get an email invitation to the AdvanceAPractice Command Suite, where you review and sign your Order Form and agreement.
- Billing starts once your agreements are signed and onboarding is complete.
- Your rate applies to the payments we post from your start date, which means the payer and patient payments we post for your providers. The first month's minimum you pay at sign up is credited to your first invoice.
- Your rate is 7% of collections with a \$300 monthly minimum per provider for one provider, down to 4.5% with a \$175 monthly minimum per provider for 26 to 50 providers. There is no setup fee. Your exact rate is written on your Order Form.

What's Not Included

- Claims older than 90 days. Billing Cleanup And A/R Recovery works those for 20% of what we collect, and nothing is owed on claims we don't collect.
- Eligibility and benefits checks and prior authorization, unless a written scope includes them.
- Sending statements to patients. That's its own order.
- Applied behavior analysis (ABA) agencies.
- Fixing denied Medicare or Medicaid enrollment applications.
- Credentialing, which is its own package.
- An EHR. We work inside the one you already use.

Ongoing Support

- Questions are part of working with us, during setup and for as long as you're a client. Send them in the Command Suite or by email, and we reply within one business day, usually the same day. If a question turns into new work, like a new build or a change to something we built, we send a written quote before we start.
- Up to two meetings a month if you need them.
- Your Command Suite workspace shows what we're working on and anything we need from you. It stays fully open during the work, read only for 30 days after, and then it's \$99 a month if you want to keep it.
- If something we delivered doesn't work the way we said it would, tell us within 30 days of delivery and we fix it at no cost.
- Everything we set up is yours. The accounts, the documents and what we build stay with your practice.
- Either of us can end the agreement with 30 days' written notice.