

# Empowering clinics to beat the odds stacked against them

- The CaseStudy of Dr.Ray Clifton



Ray Clifton is a senior primary care physician and practice manager of a clinic in California. He has patients who've stayed loyal to him over 20 years and is regarded as the most experienced primary care practitioners in town. Despite being one of the busiest PCPs in New Jersey he still struggled every single day to keep his head above water. He faced challenges that forced him to rethink his decision of remaining independent, despite the fact, that most of his peers had joined larger hospitals and networks.

For Ray and hundreds of other physicians like him, working independently is the only way of working they know. And sticking to it means battling against odds and constraints.

## What were the challenges faced by Dr. Ray Clifton?

- ✓ Trouble with coping with the complex structure of his EMR
- ✓ His practice was severely understaffed
- ✓ Most claims went unpaid as the practice had inexperienced staff handling the billing department
- ✓ The front-office staff had to juggle multiple roles and handled scheduling, insurance verification, front-desk collections, patient billing and a dozen other tasks which lead to scattered concentration and unfinished processes
- ✓ Everybody got salaries and perks but nobody had to shoulder the responsibility of increasing the practice's collections
- ✓ And Ray Clifton was, like most of his peers, severely disillusioned with bureaucratic pressure and deadlines that were fast closing in.



## Not very exciting options!

In a dreary situation like this Ray had just three choices. Increase headcount at his practice and recruit a huge medical billing and revenue management team to curb loss of revenue and increase collections. Hire experienced staff to handle front-office tasks. And sign paychecks at the end of every month regardless of his net collections. Or, close his doors and seek early retirement.

Luckily Ray Clifton made a choice that would tilt the scales in his favor. A choice that helped him to get rid of bottlenecks and stay profitable! He chose to call BillingParadise.

## The helpline of distraught physicians!



BillingParadise handles dozens of desperate calls a day from physicians who cannot understand, or have no inclination to understand, the business side of medicine. We offer 24/7 medical billing and revenue optimization support to physicians. BillingParadise is also one of the most scalable medical billing companies and we have helped huge multi-specialty hospitals, medium sized medical practices and small independent practices thrive in a super-competitive environment.

## Does your billing process stop at 7

This is the first question we asked Ray Clifton when he called our billing support manager for analyzing his revenue management cycle. He'd signed up for our free RCM analysis report. We gave him a detailed financial report of his practice and highlighted where the cracks were.



TOLL FREE:

1-888-571-9069



# The difference between an 8 hour billing team and a 24/7 one...

Is, the difference between getting paid, and waiting for an, elusive check... Our revenue cycle management team consists of highly experienced and certified professionals who don't get paid until you do! Yes, we work 24/7 so your path to payment is shortened.

Every eight hour shift at the BillingParadise office is handled by an expert team to nil denials. We dedicate eight full hours for every major revenue cycle process.

## Medical practices that work with

- ❖ 5-7% increase in net collections
- ❖ 99% first pass claim acceptance rate
- ❖ 85% reduction in denied claims
- ❖ 3 times quicker workflow

## And the reason is!

Our AR calling team works the first hours to follow up on submitted claims, check on the status of payment and retrieve backlogged revenue. They coordinate with the claim analysis department and works out an AR strategy to reduce aging AR. Our AR callers are well versed with payer regulations and coverage policies.

The medical billing team receives information from your office after every working day and creates accurate claims. Our AAPC certified medical coders, expert charge entry department, eagle eyed quality analysis and claims scrubbing team, and revenue optimization specialists ensure errorless claims are transmitted to insurers within 12 hours.

The entire billing cycle is complete by the time, physicians drive to office, the next day.

BILLING

24/7

Denial management is the key to reduce outstanding payment and reduce unpaid claims. And that is why BillingParadise has a denial management team that consists of 4 specialist teams. The claim analysis team, trend analysis team, financial planning team and denial prevention team. They work together to eliminate denials altogether!

## I want to work With You

After getting a detailed breakdown of our services and enquiring with some of our existing clients Ray Clifton opted to work with us. It's been three months since he made that first phone call and Dr. Ray has been tremendously impressed with the 24/7 medical billing support of BillingParadise.

"I'm amazed at the results. I can finally go to work without worrying myself sick about high bills and unpaid claims".

## Know More About BillingParadise

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