

CALL US 888-502-0537

We provide end-to-end Medical Billing Services

ONLY 24/7 MBS HAS THE ANSWER

 Phone
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Who we are?

We are a medical billing company that offers '24/7 Medical Billing Services' end to end solutions to physicians, hospitals, medical institutions, group practices & help them earn more revenue by reducing losses, quick services & offering customized Revenue Cycle Management (RCM) solutions.

The company was founded in 2005 and is now a leading organization of highly motivated and certified coders & billers in the US medical billing industry. Our current strength is 50+ with ambitious plans to grow rapidly.

We take care of the complete setup & enrollment in about one - four weeks time given the complexity of the project. We have certified trainers with 10+ years of experience to train the newcomers to get acquainted with the specialty jargon & update them with the coding developments.



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What we do?

24/7 Medical Billing Services is here to help you save maximum possible revenue and get reimbursements for all the rendered services.

Our end to end RCM services consists of the following,

Patient Appointments



We help in maintaining a smooth patient influx and operating the clinic in an efficient manner. Reduce patient waiting time by fixing appointments in an organized manner.

Eligibility Verification



We assist you to know the exact amount a patient owes in the form of Copays / Coinsurance / Deductibles. This also helps reveal the patient's payment history.

Patient eligibility of coverage

Amount of sum insured for particular diseases & medical services

Traditional & Latest Coding



Our certified coders (CPC, COC, CIC, CPC-P, CPM, CPMA, CPCO, CPC-H, etc.) take care of specific Specialties and ICD-10 coding. They assist in documenting with appropriate CPT and ICD codes and Modifiers.

Demographics / Claims Entry

The specialist billing experts take care of the demographics & charge entry. They let the medical practice track when and where the claims go and also make them aware of whether they are filed within

24 - 48 hours.

Quality Review

The Quality team monitors every process of the RCM cycle. Quality reports and the analytics are shared internally with the team every day and with the client too during the Client Review meeting.

 Well trained staff for providing updates to clients
 Multiple layers of cross checking process

Electronic Claims Submission / Rejections Resolutions

We maintain a 99% clean claim standard. The trends and analysis are shared with the Coding and Claims entry teams along with the client as per the client's convenience / during the Review meeting.

Payment Posting

The Payments received through ERA / EOB are posted on the system within 24 - 48 hours and the reports are reconciled on a daily basis. Denials are captured & moved to the Denial Analysis team.

 Two levels of quality audit to make sure the process is at par with international standards
 Trained staff who understands the patient responsibility too, like the Secondary balance, etc.

Denial Analysis & Resolutions

Claim Denials are analyzed carefully and the root cause is defined for each problem. It is then escalated to the concerned teams to make sure the Denials are fixed & also ensure they don't recur in future.Denial analysis is shared with the client once a week.

- Deal with Denials within 72 hours of receipt
- Detect the trend and track
 the percentage of Denials
 daily
- Meticulous system to avoid disruption in revenue inflow

Accounts Receivable follow-up

24/7 MBS runs behind every dollar on the table. We have collected millions of untapped dollars when we took over new projects. We check with the insurance companies for outstanding claims over 30 days through AR calling. The trend and details of the Report are shared with the practice once in a week or a month.

Monthly Reporting

24/7 MBS sends a monthly report with Financial summary, Procedure productivity, Collections reports (with the Adjustments). We provide details of Insurance-wise financials, Rejections, Denials and AR reports along with the practice Performance report.

Monthly Patient Statements

24/7 MBS helps you streamline your collections process by sending monthly statements to patients. Apprising the patients on time and regularly helps them to organize the payable amount.

We also handle patient calls & taking payment over the phone

Specialties That We Handle

We are multispecialty experts, some of our clients are from these domains

Practice Management

We have hands on experience of working on more than the top 50 practice management systems. Some of most commonly used software are:

Cardiology	Chiropractic
Interventional Cardiology	Family Practice
General Surgery	Internal Medicine
Ophthalmology	Psychiatry and Mental Health
Wound Care	Durable Medical Equipment
Urgent Care	Ambulance Billing
Podiatry	Radiology





When you choose 24/7 Medical Billing Services, you choose a team with a decade old of experience in medical billing & revenue cycle management (RCM) services. We firmly believe in updating ourselves with the technology as well as the trends. We have a satisfied clientele who have been with us for long & have recommended us to their friends & colleagues.

We are proud to say that our clients vouch for us for the following:

- One-stop solution for RCM All your billing needs are tackled under one roof.
- Customized services We understand there's no fixed solution to various problems. So, we go an extra mile to analyze, detect & remove the loopholes.
- Reliability for timeliness Time is of essence when it comes to reimbursements & we round the clock to ensure that.
- Multi-specialty expertise End your worries of going helter-skelter looking for different vendors for different specialties. We serve over 20 specialties.
- Innovative solutions Our analysts spend lot of time on detecting & busting billing & reimbursement trends to come up with unique solutions that will work for you.
- Data security Restricted access to staff, stringent standards & multi layer security levels ensures confidentiality and security of sensitive data.

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- Transparent procedures & charges Trust is the founding factor for enjoying a long term association. Rest assured of no hidden charges or surprises.
- Total assistance in transition Handing over your billing services to us? Sit back & relax as we extend complete assistance for the transition.
- Meticulousness Well coordinated teams that looks into the details & ensure proper communication within the teams to get you paid.
- Guaranteed client satisfaction Our happiness lies with your satisfaction; that's why we leave no stone unturned to fulfil our promises.

Here are few more points that should make you think less & call us instantly:

- 1. Round the clock availability (open throughout the week)
- 2. Timely & accurate Claims filing (within 24 48 hours)
- 3. Minimum Accounts Receivable (AR) days (against industry standards)
- 4. 99% clean Claim standard
- 5. 100% HIPPA compliance
- 6. Accountable for every single dollar
- 7. Hire only Certified coders
- 8. Highly experienced & certified Analysts (10+ years experience)
- 9. All qualified staff (50+ employees)
- 10. Use of latest & high-tech software

Reduce around 50%* Operations Cost Increase around 10 – 20% Revenue!





Other Services

Coding Review & Audit

We offer specialist services for coding reviews and audits. Our CPC, COC, CIC, CPC-P, CPM, CPMA, CPCO, CPC-H certified coders review your documentation and pinpoint where you are missing revenue. We provide suggestions on properly documenting the performed services, constantly monitor the RCM and offer immediate feedback on coding guidelines, compliance issues to help the practice earn more money. Specialty-specific guidelines by highly experienced auditors for error free documentation.

ICD-10 Training

We provide six hours of specialty wise training to the physicians & medical assistants to encourage self dependence and boost efficiency. Claims processed at one go has the maximum chances of getting reimbursed. The training also aides in:

- Assigning appropriate CPT and ICD-10 codes
- Enabling the staff to address emergency / immediate billing
- Saving time on resubmissions or lessen chances of denials

Medical Billing Audit / Consultation

We offer consultation services regarding medical billing to detect bottlenecks, streamline the process & help fill the gaps. Our auditing services include reviewing coding documentation, reviewing the fee schedule, analyzing the reimbursement by Payers, identifying the trend & root cause of problems, training the billing staff, and more. Round the clock support for billing specialists in the practice.

Credentialing Services

We provide ongoing Credentialing services for all doctors and hospitals (including new ones) to check the contract and verify their credentials on a time to time basis. This process ensures a good rapport and deal with payment delays from the payer in an effective way.

Free Consultation

We have helped more than 10,000 practices with our expert consultation. You too are welcome to consult us for specialty-specific Billing and Coding questions. We guarantee at least 10 – 30% savings on your revenue.



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