

PEACE OF MIND
WITH OUR STRATEGIC
MEDICAL BUSINESS SOLUTIONS



ABOUT US

VISION INFONET, established in 1999, has been providing highly accurate & compliant Medical Coding and Billing Services to 200+ physicians, and related healthcare IT services to 10,000+ healthcare providers across the United States.

Founded by a medical doctor, we have been running successfully under the same management for the past 25 years.

WHY VISION INFONET

- ► HIPAA compliant
- ► Experienced & Certified Coders & Billers.
- ► Focus on each segment of Billing Cycle.
- ► Speedy Reimbursements.
- ►Intensive AR follow-up.
- ► Less than 3% AR for claims over 3 months.
- ▶ Daily, Weekly, and Monthly reports.
- ► State-of-the-art cyber security.
- ▶ Dedicated Billing team for each cilent.



BILLING CYCLE

- 1 (SCHEDULE CONFIRMATION
- (INSURANCE VERIFICATION)
- MEDICAL RECORDS
 TRANSCRIPTION/DATA ENTRY
- SUPERBILL ANALYSIS & CHARGE ENTRY
- 5 (CLAIM SUBMISSION
- 6 PAYMENT POSTING
- 7 INSURANCE FOLLOW UPS
- 8 DENIAL MANAGEMENT
- 9 PRACTICE ANALYSIS

SCHEDULE CONFIRMATION

- ► Reminder call to confirm each appointment
- ► Schedule confirmation to better fill the doctor's schedules.
- ► First call-before 48 hours of the scheduled appointment.
- Second call-If the patient is not available, we leave a voice message and attempt again 24 hours prior to the scheduled appointment.

INSURANCE VERIFICATION

- ► We check for patient benefits before submission of claims to reduce submission redundancies and increase reimbursement.
- ► Verification of Primary and Secondary insurance coverage by phone calls or portals.
- ► Contacting patients for any clarifications.

PRIOR-AUTHORIZATION

- ► Obtaining Prior-Authorization by Phone or fax.
- ▶ Obtaining referral from PCP.
- ► Reminding patients about POS collection requirements.
- ►Informing patients about coverage or authorization issues.

BILLING

SUPERBILL ANALYSIS & CHARGE ENTRY

- ► Superbill Analysis and Charge Entry for proper coding and usage of modifiers.
- Assuring best quality and accuracy of the claim before generation reduce any underpayments and denials substantially.

CLAIM SUBMISSION

- ► Claim submission done either directly or through a clearing house.
- ► Claims are scrubbed in 2 levels and only clean claims are submitted.

PAYMENT POSTING

▶Our payment posting service includes primary and secondary insurance payment posting, adjustments and transferring co-insurance to either secondary insurance or patient's self-pay.



REVENUE RECOVERY

INSURANCE FOLLOW-UPS AND DENIAL MANAGEMENT

- ► We have dedicated teams whose core focus is to increase the revenue flow and reduce the number of days in Accounts Receivables.
- ► Additionally, our team analyzes and interprets the contracts between Payer and Provider to identify the systematic under-payments by Payers and take steps to recover the payments.

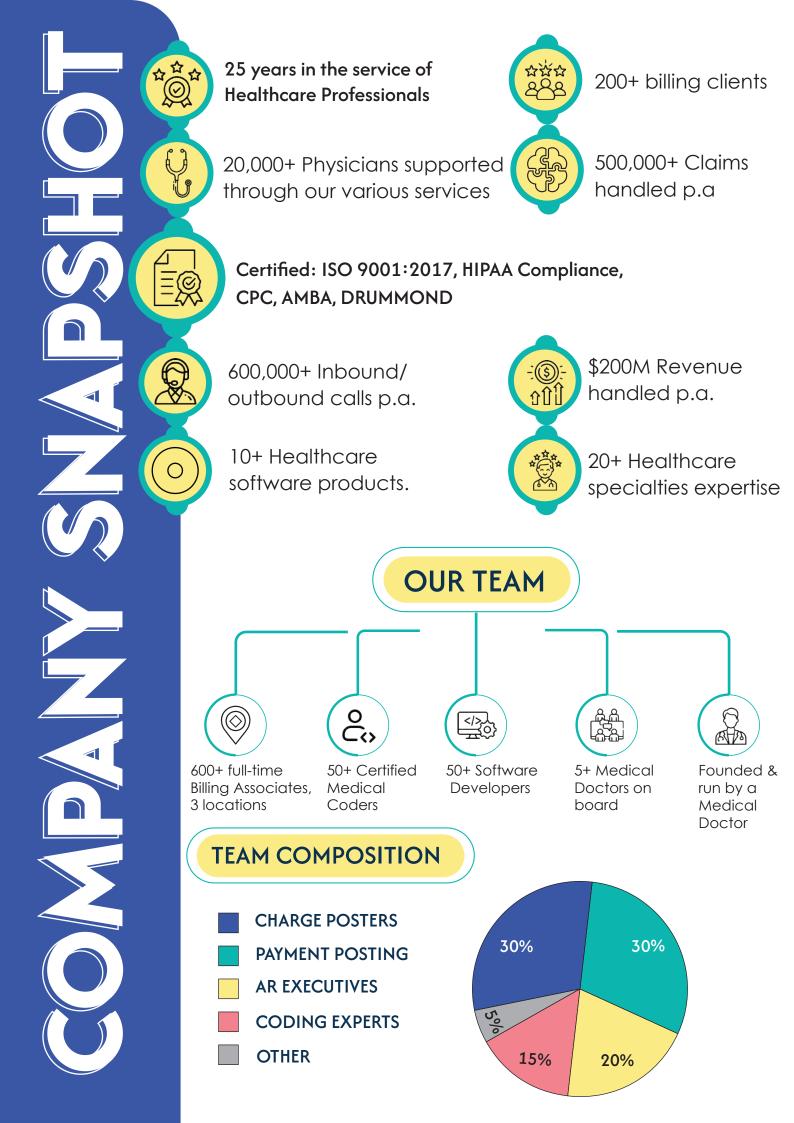
OUR UNIQUE AR PROCESS

- ► Client's unpaid claims report is fed into our State-of-the-art Claims tracking software (MDCare) to track and process them in a timely manner. Note: If the billing software used is our MDCare, all the follow ups are updated automatically.
- Appeals are submitted to insurance companies for unpaid claims along with the necessary paperwork.
- Constant follow-up on unpaid claims for timely payment.
- ► Medical records are collected from the clients and submitted to the payers as required.

CODING

Our Coding team comprises of CPC credentialed coders certified by AAPC who ensure compliant coding in accordance with NCCI and LCD (Local Coverage decision and medical policies) as per the rules set for each state across the country.





OTHER SERVICES & SOFTWARE PRODUCTS



Secure, HIPAA compliant Email service with Legal Archival.





MU2 certified Electronic Health Records system. One of the best and easy-to-use Medical billing software with customizable reports



Web and App development, Branding and Digital Marketing services.



Phone/Tablet app for providers to add ICDs and CPTs on the move.



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