



MedLink Analytics LLC

Smarter Analytics. Stronger Revenue.

Company Profile

MedLink Analytics LLC is a premier healthcare revenue cycle management firm providing end-to-end medical billing, credentialing, virtual support, and digital solutions to healthcare practices across the United States. Founded in 2024 and headquartered in Denver, Colorado, we combine deep domain expertise with technology-driven processes to help providers optimize their financial performance and reduce administrative burden.

Company at a Glance

Legal Name	MedLink Analytics LLC
Structure	Limited Liability Company (LLC)
Year Established	2024
Headquarters	1500 N Grant St, Suite 28340 Denver, Colorado 80203, USA
Geographic Coverage	United States (Nationwide)
Core Specialization	Medical Billing, Credentialing, Virtual Assistance, Digital Marketing

Why Partner with MedLink Analytics?

Choosing the right revenue cycle management partner is one of the most consequential decisions a healthcare provider can make. At MedLink Analytics, we combine certified expertise with a personalized, hands-on approach that larger firms simply cannot match.

Our team stays current with CMS updates, payer policy changes, and ICD-10/CPT revisions

We offer a complimentary practice analysis to all prospective clients, a no-obligation audit of your current billing processes, coding accuracy, and revenue cycle health, so you can see the opportunity before making any commitment.



Our Comprehensive Services

Medical Coding Services

Expert medical coding services ensuring accurate translation of diagnoses and procedures into standardized codes, maximizing compliant reimbursement and minimizing claim denials.

Professional Coding Expertise

- **ICD-10 Diagnosis Coding:** Precise translation of patient diagnoses into current ICD-10 codes with proper sequencing and specificity.
- **CPT Procedure Coding:** Accurate identification and coding of all procedures, services, and treatments provided during patient encounters.
- **HCPCS Code Application:** Correct use of Healthcare Common Procedure Coding System codes for supplies, equipment, and services.
- **Modifier Application:** Strategic and compliant use of modifiers to properly indicate circumstances affecting reimbursement.

Coding Compliance & Accuracy

- **Documentation Review:** Comprehensive assessment of medical records to ensure complete and accurate documentation supports code selection.
- **Payer Guideline Adherence:** Strict compliance with individual payer coding policies and clinical edit requirements.
- **Coding Audit & Quality Review:** Regular audits of coding accuracy with feedback and training to maintain high coding quality standards.
- **Specialty-Specific Expertise:** Specialized coding knowledge for multiple medical specialties ensuring optimal code selection for each specialty's unique requirements.

Virtual Scribe Services

Real-time clinical documentation services that reduce physician documentation burden while ensuring accuracy, completeness, and HIPAA compliance.

Real-Time Documentation

- **Live Clinical Documentation:** Accurate, real-time documentation in EMR systems during patient encounters, capturing complete clinical information as it occurs.

- **Physician Time Savings:** Eliminates after-hours documentation burden, allowing physicians to focus entirely on patient care during encounters.
- **Enhanced Patient Interaction:** Enables physicians to maintain better eye contact and engagement with patients without documentation distractions.

HIPAA-Compliant Record Management

- **Complete Medical Records:** Comprehensive documentation including chief complaint, history of present illness, and review of systems, physical exam, assessment, and plan.
- **HIPAA Compliance:** All documentation handled with strict adherence to HIPAA privacy and security regulations.
- **Audit-Ready Records:** Structured, organized medical records that meet compliance standards and are ready for any audit or review.
- **Data Integrity:** Secure, accurate documentation ensuring patient safety and supporting continuity of care across all providers.

Clinical Coding & Order Management

- **Diagnostic Order Entry:** Accurate entry of laboratory, imaging, and diagnostic test orders as prescribed by the provider.
- **Medication Instructions:** Precise documentation of prescribed medications including dosage, frequency, route, and special instructions.
- **ICD-10 Code Application:** Application of appropriate ICD-10 diagnosis codes to support medical necessity and ensure proper reimbursement.
- **CPT Code Assignment:** Preliminary CPT Code selection based on documented services for billing accuracy and compliance.

Medical Billing Services

Our end-to-end medical billing division manages every stage of the revenue cycle, from eligibility verification through patient collections, delivering clean claims and accelerated reimbursement.

Revenue Cycle Management

- **Eligibility & Benefits Verification:** Daily pre-appointment verification of patient insurance eligibility and benefits, with real-time updates.



- **Professional Coding (ICD-10 / CPT):** Experienced coders accurately translate diagnoses and procedures into standardized codes for maximum, compliant reimbursement.
- **Claims Scrubbing & Electronic Submission:** Pre-submission error checks followed by electronic claims filing to reduce rejection rates and accelerate payment cycles.
- **Claims Follow Up:** Systematic claim status monitoring on days 3 and 5 post-submission to identify and resolve delays proactively.

Collections & Analytics

- **Denial Management:** Rapid root-cause analysis of denied claims with same-day corrective action and resubmission.
- **Payment Posting:** Manual and electronic remittance posting including EOB, ERA, contractual adjustments, and self-pay entries.
- **Patient Billing & Collections** – Professional, patient-friendly billing statements and structured collections management.
- **Reporting & Performance Analytics** – Bi-weekly performance meetings with detailed reports on collections, denial trends, A/R aging, and revenue forecasting.

Complimentary Billing & Coding Audit

- **Comprehensive Process Evaluation** – End-to-end analysis of billing workflows from patient registration through claims submission and collections.
- **Coding Accuracy Assessment** – Review of ICD-10, CPT, and HCPCS code usage, modifier application, and documentation compliance.
- **Revenue Cycle Gap Analysis** – Identification of A/R aging issues, denial patterns, and actionable improvement recommendations.

Credentialing Services

Comprehensive credentialing and payer enrollment support to ensure your practice maintains compliance and optimizes reimbursement across all insurance panels.

- **Provider Enrollment** – Complete insurance panel enrollment and credentialing with all major payers and government programs.
- **Re-credentialing & Maintenance** – Ongoing credential maintenance to prevent lapses that could interrupt provider reimbursement.



- **Contract Review & Negotiation** – Expert review and negotiation of payer contracts to secure optimal reimbursement rates.
- **CAQH & License Maintenance** – Continuous upkeep of CAQH profiles, DEA licenses, state licenses, and board certifications.
- **Payer Enrollment Expansion** – Strategic enrollment with new payer sources to broaden patient access and increase revenue.
- **Application Verification & Submission** – Submit and verify receipt of credentialing applications; follow up and document acceptance or rejection with designated health plans.

State Licensing Services

Expert navigation of state-specific licensing policies and regulatory frameworks across all 50 states with meticulous compliance assurance.

- **Multi-State Licensing Guidance** – Expert navigation of state-specific licensing policies and regulatory frameworks across all 50 states.
- **Application & Documentation Management** – Full-service handling of applications, primary source verifications, and board communications.
- **Compliance Assurance** – Meticulous tracking of education, examination, background check, and continuing education requirements.
- **License Renewal Support** – Proactive renewal management with advance reminders to ensure zero lapses in licensure.

Virtual Assistant Services

Comprehensive administrative and clinical support services designed to free up your staff to focus on patient care.

- **Prior Authorization Management** – Efficient handling of medication and procedure prior authorizations to reduce delays in patient care.
- **Verification of Benefits (VOB)** – Pre-appointment insurance verification and CPT code confirmation for all scheduled encounters.
- **Patient Call Management** – Professional handling of inbound patient calls, scheduling, and 24-hour appointment confirmations.



- **Follow-Up Appointment Scheduling** – Complete booking of follow-up appointments to enhance patient adherence to treatment plans.
- **Referral & Pharmacy Management** – Management of referral calls and medication refill coordination with pharmacies.
- **EMR Transition & Support** – Seamless data migration between EMR platforms and continuous EMR maintenance.
- **Fax Management** – Regular checking for new faxes with necessary actions taken per your instructions.
- **Patient Registration & Communication** – Prompt patient registration processing and proactive patient outreach.
- **Medication Reminders & Lab Follow-Up** – Monitoring medication schedules and obtaining lab test records with follow-up coordination.
- **Patient Statements** – Efficient generation and distribution of patient billing statements.

Virtual Scribe Services

Real-time clinical documentation that reduces physician burden while ensuring accuracy and HIPAA compliance.

- **Real-Time Clinical Documentation** – Accurate, real-time documentation in EMR systems during patient encounters, reducing physician documentation burden.
- **HIPAA-Compliant Record Management** – Complete, structured, and compliant medical record updates ensuring documentation accuracy and audit readiness.
- **Order Entry & Clinical Coding** – Accurate entry of diagnostic orders, medication instructions, and application of ICD-10 and CPT codes.
- **Continuous Professional Development** – Ongoing medical knowledge updates and training to stay current with healthcare documentation practices.

Web Design & Digital Marketing Services

Complete digital solutions to help medical practices build their online presence, attract new patients, and strengthen their brand in competitive markets.

Website Development

- Custom responsive WordPress websites optimized for patient acquisition



- Mobile-friendly design with superior performance
- ADA accessibility compliance

Search Engine Optimization (SEO)

- Comprehensive local and national SEO strategies
- Improve Google rankings and drive organic patient traffic

Digital Marketing Solutions

- Social media management and content strategy
- Graphic design and video animation
- UI/UX design and content writing
- Comprehensive digital marketing strategies

Key Features & Commitments

Clean Claims Rate Target	98%
Core Service Divisions	7+
Supported Specialties	50+

Our Core Values

Accuracy & Compliance

We hold ourselves to the highest standards of coding precision and regulatory adherence. Every claim we process reflects our commitment to HIPAA compliance, payer guidelines, and CMS requirements.

Client-Centered Partnership

We treat every client relationship as a long-term partnership. Our success is measured by our clients' financial outcomes, operational efficiency, and overall satisfaction.

Transparency & Accountability

We provide clear, regular reporting on all billing activity, denial trends, and financial performance—ensuring our clients always have full visibility into their revenue cycle.



Continuous Improvement

Healthcare regulations and payer policies evolve constantly. Our team proactively monitors industry changes to update processes, minimize denials, and maintain optimal reimbursement rates.

Get Started Today

We offer a complimentary practice analysis to all prospective clients. This no-obligation assessment will provide you with a detailed roadmap of opportunities to improve your billing processes, coding accuracy, and overall revenue cycle health.

Contact Information

Phone	+1 (720) 445-4634
Email	contact@medlinkanalytics.com
Website	medlinkanalytics.com
LinkedIn	linkedin.com/company/medlinkanalytics
Office Address	1500 N Grant St, Suite 28340 Denver, Colorado 80203 United States

Schedule Your Free Consultation

<https://calendar.app.google/UHPeMzR9zJkwZ8Mv8>

