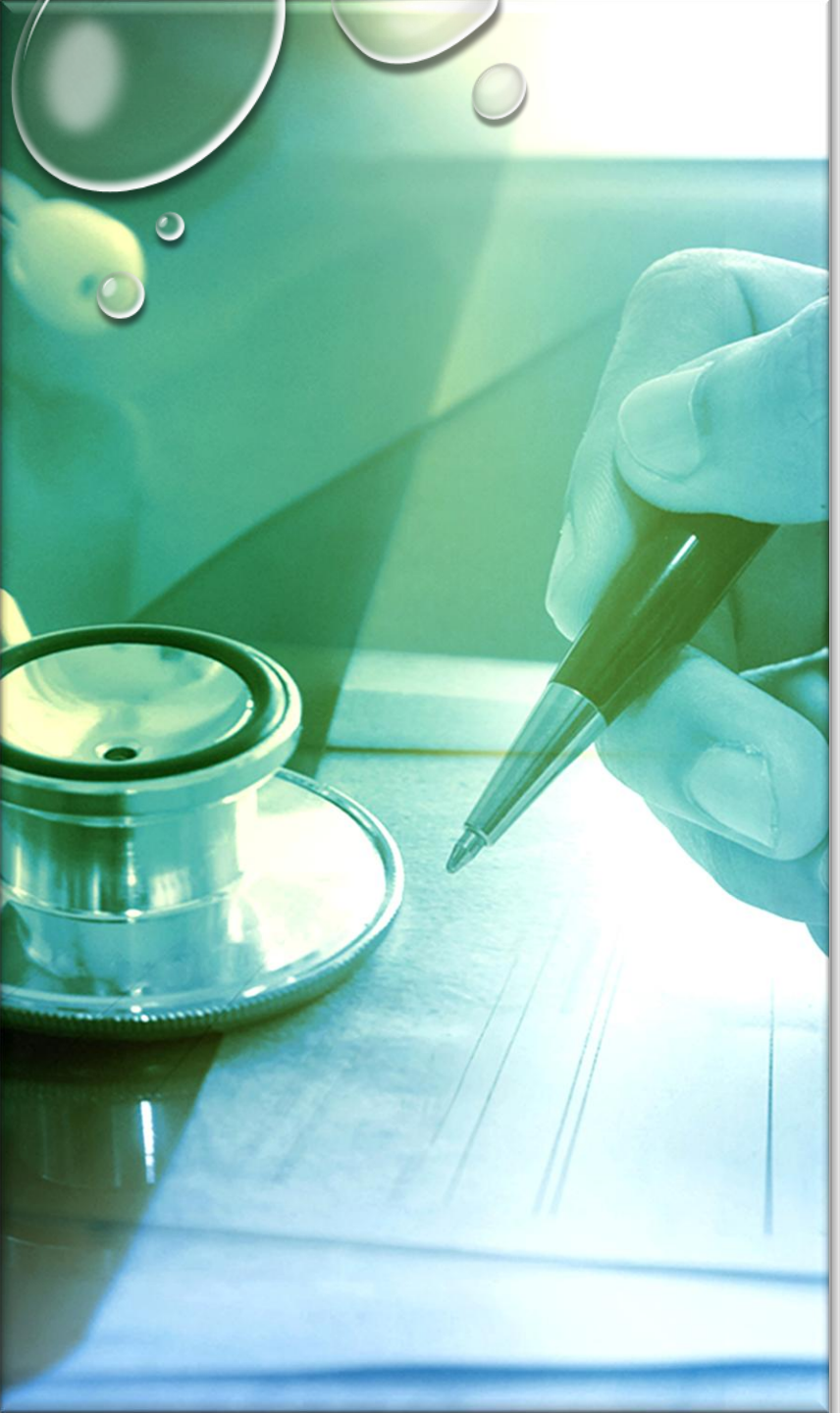
US MEDICAL LINKER

ABOUT US

- AT US MEDICAL LINKER, WE PROVIDE HIGH-QUALITY, PROFESSIONAL MEDICAL SUPPORT SERVICES WITH EXCEPTIONAL ACCURACY AND EFFICIENCY.
- OUR TEAM DELIVERS COMPLETE SOLUTIONS — INCLUDING ELIGIBILITY VERIFICATION, SCRIBING, BILLING, AND CCM SERVICE — WITH A STRONG FOCUS ON PRECISION, COMMUNICATION, AND TIMELY PERFORMANCE.
- WE TAKE PRIDE IN OUR ERROR-FREE WORKFLOW, INNOVATIVE APPROACH, AND DEDICATION TO EXCELLENCE.
- OUR GOAL IS TO ENSURE THAT EVERY CLIENT RECEIVES RELIABLE, FAST, AND WELL-ORGANIZED SERVICE THAT SUPPORTS THEIR MEDICAL PRACTICE AND ENHANCES THEIR REVENUE CYCLE PERFORMANCE.
- PROFESSIONAL. ACCURATE. EFFICIENT.
- THAT’S WHAT DEFINES US MEDICAL LINKER.



WHAT WE DO ?

- ELIGIBILITY
- SCRIBING
- SUBMISSION (BILLING)
- PRE-AUTHORIZARION
- CHRONIC CARE MANAGEMENT

1. ELIGIBILITY

- THIS IS THE PROCESS OF VERIFYING THE PATIENT'S INSURANCE COVERAGE BEFORE THE VISIT. IT ENSURES THAT THE PATIENT IS COVERED AND THAT THE REQUESTED SERVICE IS INCLUDED IN THEIR PLAN. THIS PROTECTS THE DOCTOR FROM INSURANCE CLAIM DENIALS.
- IN SOME CASES, INSURANCE COMPANIES APPLY A COPAY (A FIXED AMOUNT THE PATIENT MUST PAY) OR CO-INSURANCE AND CHECKING DEDUCTIBLES (AN AMOUNT THE PATIENT NEEDS TO PAY BEFORE THE INSURANCE STARTS COVERING THE SERVICE). DURING THE ELIGIBILITY CHECK, WE NOTIFY THE DOCTOR IF THE PATIENT HAS ANY COPAY, CO-INSURANCE, OR DEDUCTIBLES AMOUNT TO BE COLLECTED BEFORE THE VISIT.

2. SCRIBING

SCRIBING IS THE PROCESS OF DOCUMENTING THE PATIENT'S VISIT IN A CLEAR AND STRUCTURED WAY.

A TRAINED DOCTOR RECORDS ALL DETAILS OF THE ENCOUNTER, INCLUDING THE PATIENT'S MEDICAL HISTORY, SYMPTOMS, EXAMINATION FINDINGS, DIAGNOSIS, AND TREATMENT PLAN.

THE DOCUMENTATION IS ENTERED ACCURATELY INTO THE SYSTEM IN REAL TIME OR SHORTLY AFTER THE VISIT TO ENSURE ALL INFORMATION IS COMPLETE AND READY FOR CODING AND BILLING.

SCRIBING

BENEFITS:

- ENSURES ACCURATE AND COMPLETE MEDICAL NOTES.
- REDUCES ERRORS IN CODING AND CLAIM SUBMISSION ACCORDINGLY.
- SAVES TIME AND IMPROVES OVERALL WORKFLOW EFFICIENCY.
- HELPS MAINTAIN CONSISTENT, PROFESSIONAL MEDICAL RECORDS.

IN SUMMARY:

SCRIBING PROVIDES DETAILED AND ACCURATE DOCUMENTATION SUPPORT THAT PREPARES EACH CASE FOR A SMOOTH AND ERROR-FREE CLAIM SUBMISSION.

3. SUBMISSION

SUBMISSION IS THE STAGE WHERE ALL THE COLLECTED AND VERIFIED INFORMATION — INCLUDING DIAGNOSIS CODES (ICD), PROCEDURE CODES (CPT), MEDICAL NOTES, AND COSTS — IS SUBMITTED TO THE INSURANCE COMPANY FOR REIMBURSEMENT.

THE SUBMISSION PROCESS ENSURES THAT EVERY CLAIM IS COMPLETE, ACCURATE, AND SENT THROUGH THE PROPER CHANNELS TO AVOID REJECTIONS OR DELAYS IN PAYMENT.

SUBMISSION

STEPS INVOLVED IN SUBMISSION:

1. CLAIM CREATION: ALL PATIENT AND SERVICE DETAILS ARE REVIEWED AND COMPILED INTO A STANDARDIZED CLAIM FORMAT.
2. DATA VERIFICATION: THE INFORMATION IS CHECKED TO MAKE SURE THERE ARE NO MISSING CODES, INCORRECT DATA, OR MISMATCHED DETAILS.
3. ELECTRONIC SUBMISSION: THE CLAIM IS SENT ELECTRONICALLY THROUGH A CLEARING HOUSE (A SECURE PLATFORM THAT TRANSMITS MEDICAL CLAIMS TO INSURANCE COMPANIES).
4. CONFIRMATION: ONCE THE CLAIM IS RECEIVED, A CONFIRMATION OR TRACKING NUMBER IS GENERATED FOR FOLLOW-UP.

SUBMISSION

PURPOSE:

- ENSURE SMOOTH AND ACCURATE COMMUNICATION BETWEEN THE HEALTHCARE PROVIDER AND THE INSURANCE COMPANY.
- REDUCE CLAIM DENIALS CAUSED BY MISSING OR INCORRECT DATA.
- SPEED UP THE REIMBURSEMENT PROCESS FOR COMPLETED SERVICES.

IN SUMMARY:

SUBMISSION GUARANTEES THAT ALL CLAIMS ARE PROPERLY PREPARED, VERIFIED, AND TRANSMITTED SO PAYMENTS CAN BE PROCESSED WITHOUT ERRORS OR DELAYS.

BILLING

PURPOSE:

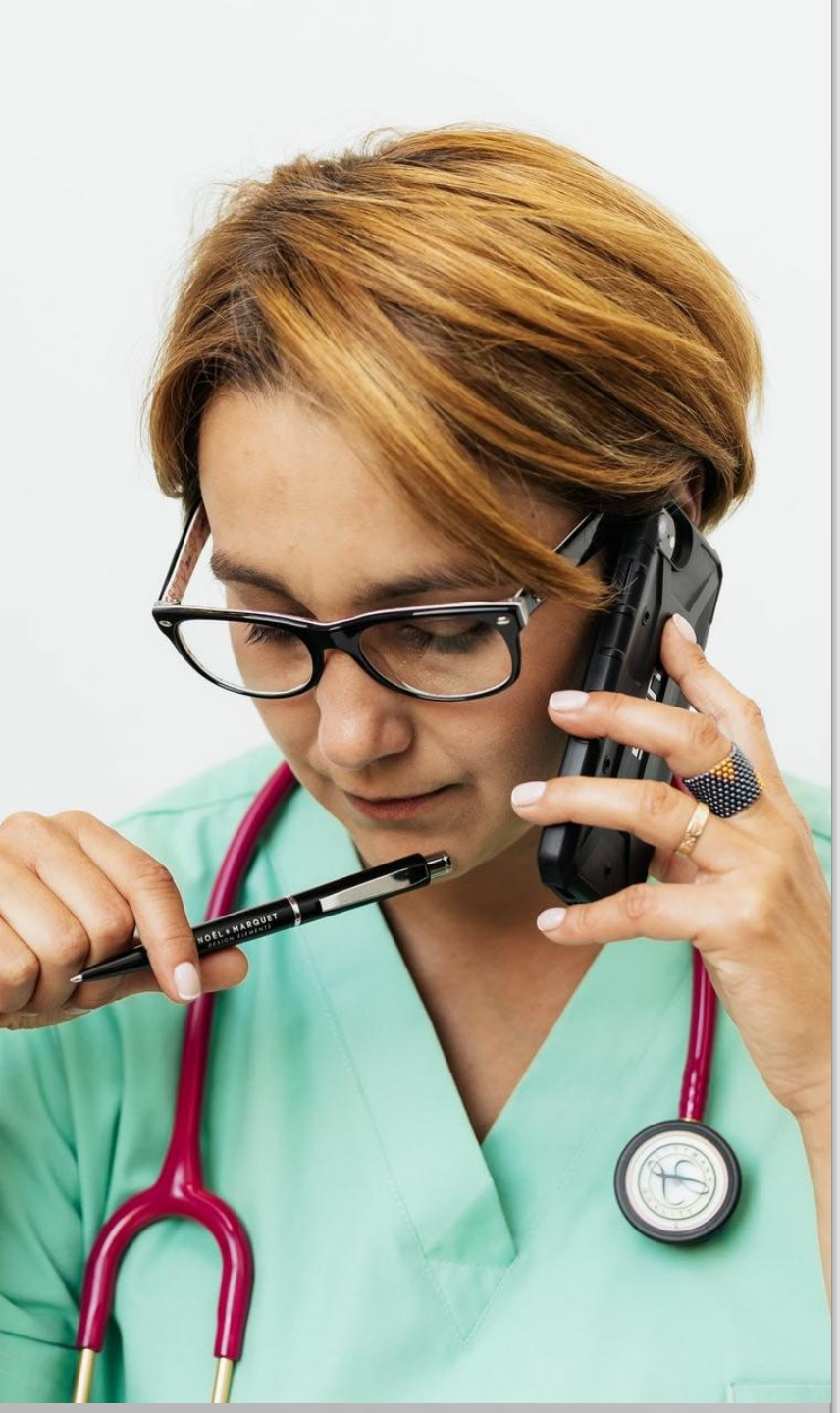
- ENSURE ALL CLAIMS ARE PAID FULLY AND ON TIME.
- IDENTIFY AND FIX DENIED OR UNPAID CLAIMS.
- KEEP FINANCIAL DATA ORGANIZED FOR AUDITS AND REPORTS.

IN SUMMARY:

BILLING & FOLLOW-UP GUARANTEES THAT EVERY APPROVED MEDICAL CLAIM IS PAID CORRECTLY, MINIMIZING FINANCIAL LOSS AND IMPROVING OVERALL REVENUE FLOW

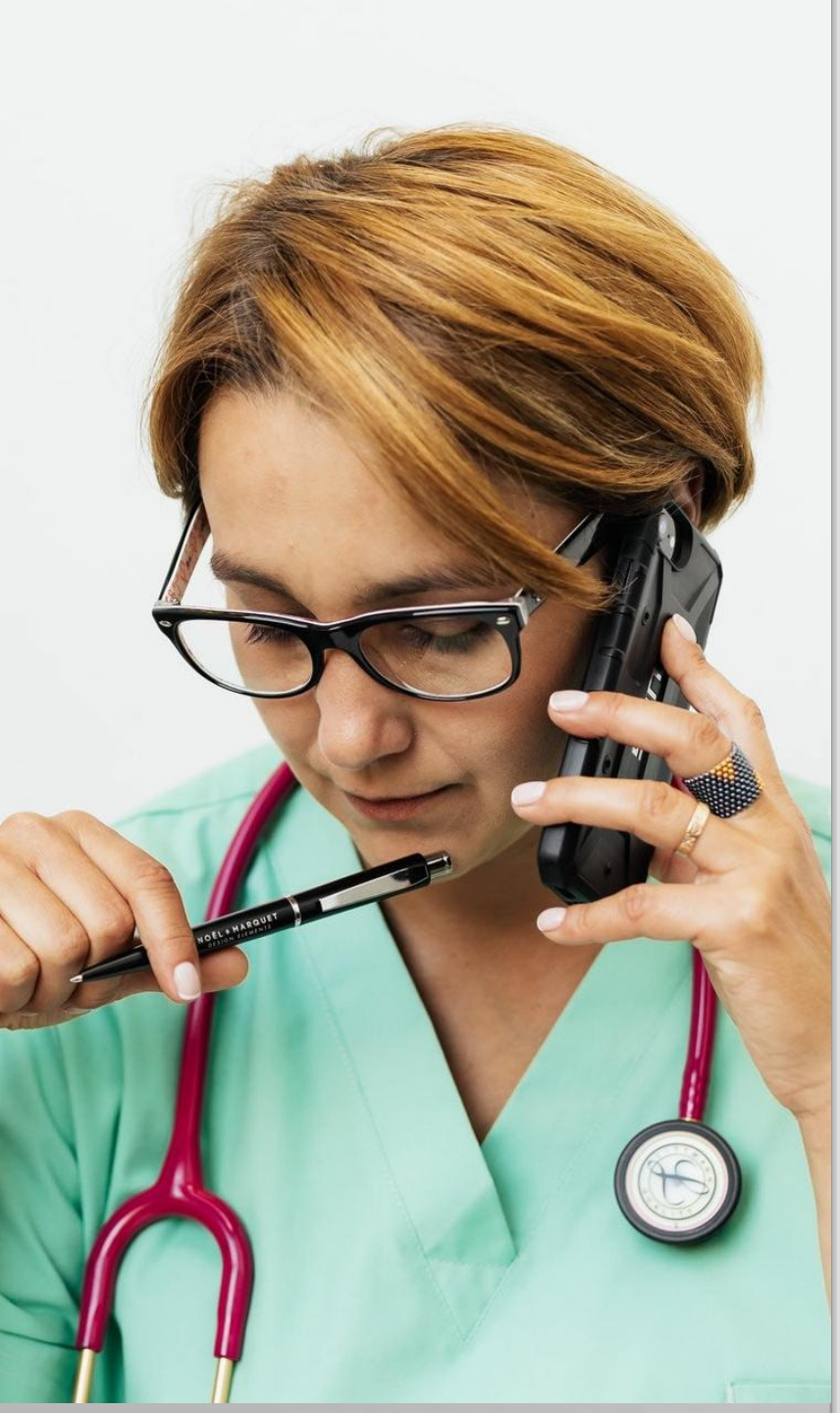
PRE-AUTHERIZARION

- PRE-AUTHORIZATION MEANS GETTING APPROVAL FROM THE INSURANCE COMPANY BEFORE PROVIDING A MEDICAL SERVICE (LIKE MRI, SURGERY, OR EXPENSIVE MEDICATION).WITHOUT THIS APPROVAL, THE INSURANCE MAY REFUSE TO PAY FOR THE SERVICE.
- 🔹 HOW IT WORKS:
- 1.DOCTOR REQUESTS A SERVICE FOR THE PATIENT.
- 2. MEDICAL LINKER COLLECTS ALL REQUIRED DETAILS – PATIENT INFO, INSURANCE ID, DIAGNOSIS (ICD-10), PROCEDURE CODE (CPT), AND MEDICAL NOTES.
- 3.WE SUBMIT THE REQUEST TO THE INSURANCE COMPANY THROUGH THEIR PORTAL OR FAX.
- 4.THE INSURANCE REVIEWS THE CASE AND RESPONDS WITH:
- • APPROVED → THE DOCTOR CAN PROCEED.
- • DENIED → SERVICE NOT COVERED OR MEDICAL REASON NOT ENOUGH.
- • NEED MORE INFO → THEY ASK FOR EXTRA DOCUMENTS.
- 5. IF APPROVED, WE SHARE THE AUTHORIZATION NUMBER WITH THE CLINIC TO USE FOR BILLING LATER.



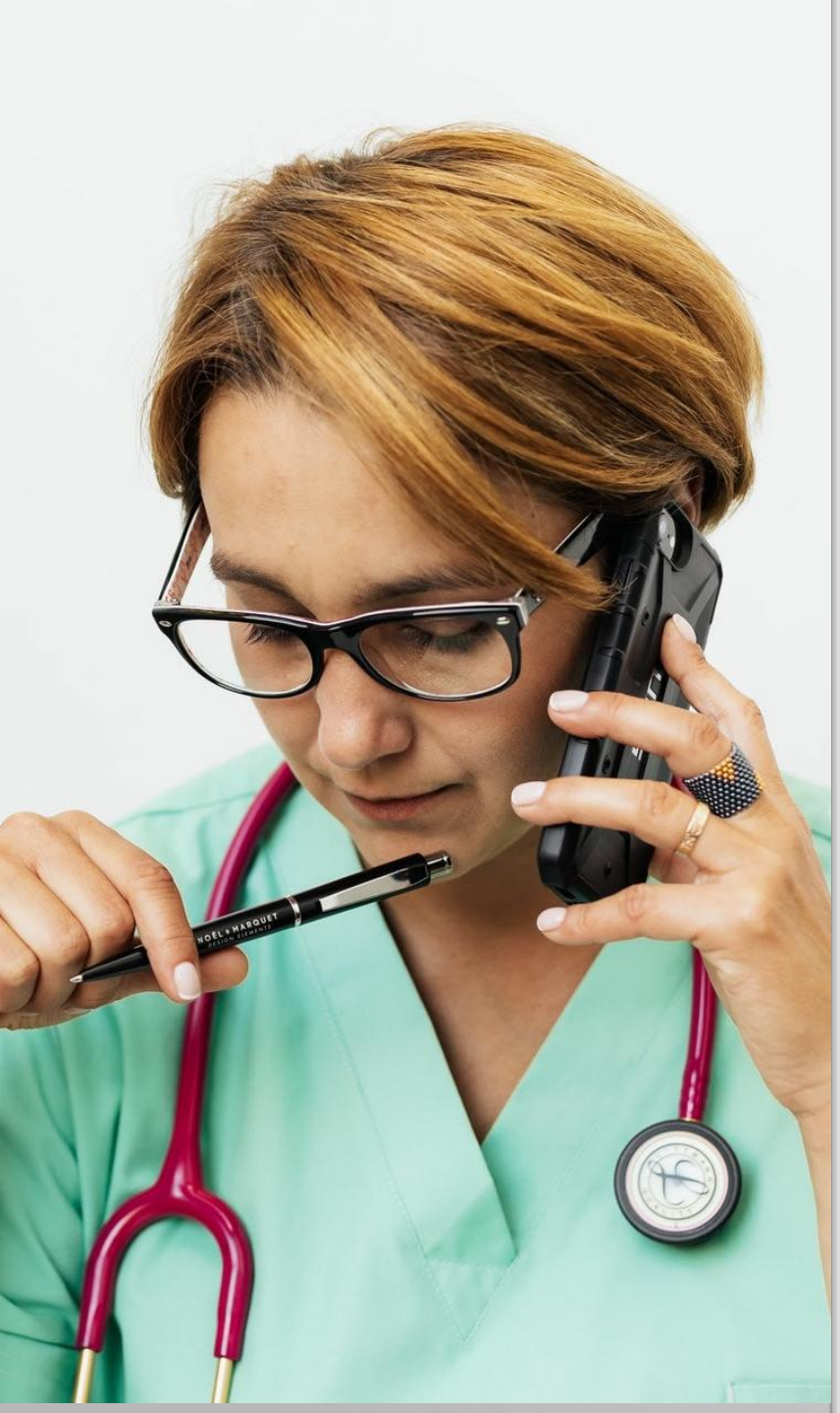
CCM – CHRONIC CARE MANAGEMENT

CHRONIC CARE MANAGEMENT (CCM) IS A HEALTHCARE SERVICE DESIGNED FOR PATIENTS WHO HAVE CHRONIC CONDITIONS SUCH AS DIABETES, HYPERTENSION, OR HEART DISEASE. THE MAIN GOAL OF CCM IS TO PROVIDE CONTINUOUS CARE AND SUPPORT TO THESE PATIENTS OUTSIDE OF REGULAR OFFICE VISITS.



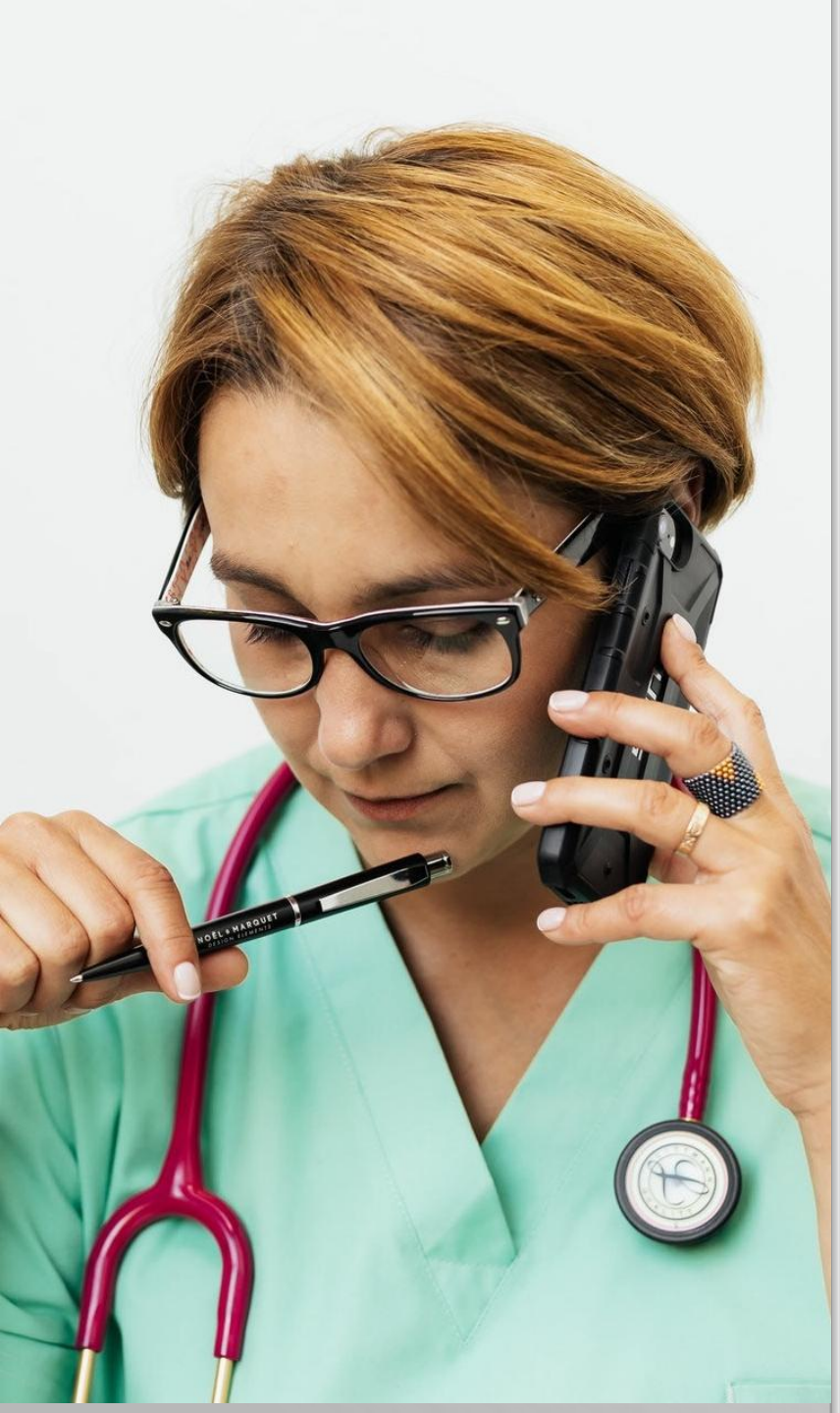
CCM – CHRONIC CARE MANAGEMENT

THROUGH THIS PROGRAM, THE MEDICAL TEAM CONTACTS PATIENTS EVERY MONTH BY PHONE TO FOLLOW UP ON THEIR HEALTH STATUS, MEDICATIONS, AND ANY CHANGES IN THEIR CONDITION. ALL CALLS ARE DOCUMENTED IN THE CLINIC'S ELECTRONIC HEALTH RECORD (EHR) SYSTEM, AND THE TOTAL CALL TIME IS RECORDED TO MEET BILLING REQUIREMENTS.



CCM – CHRONIC CARE MANAGEMENT (CONTD.)

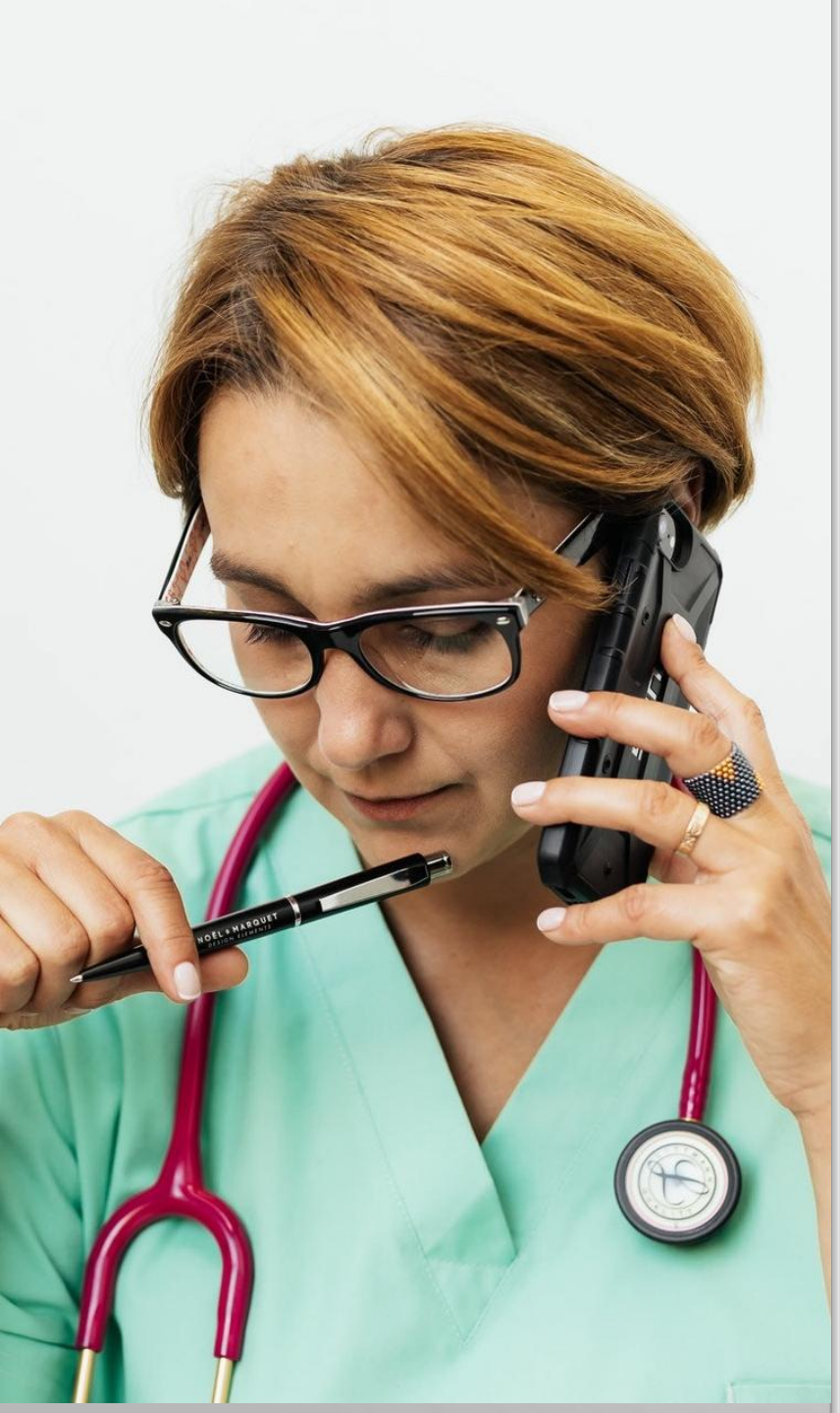
EACH MONTH, THE CLINIC CAN SUBMIT A CCM CLAIM TO THE INSURANCE COMPANY USING SPECIFIC CPT CODES (LIKE 99490 OR 99439) TO GET REIMBURSEMENT FOR THE TIME SPENT MANAGING THE PATIENT'S CARE.



CCM – CHRONIC CARE MANAGEMENT (CONTD.)

BENEFITS OF CCM:

- IMPROVES PATIENT ENGAGEMENT AND CARE QUALITY.
- HELPS PREVENT HOSPITALIZATIONS AND COMPLICATIONS.
- PROVIDES CONSISTENT FOLLOW-UP FOR CHRONIC PATIENTS.
- GENERATES ADDITIONAL REVENUE FOR THE CLINIC EVERY MONTH.



CCM – CHRONIC CARE MANAGEMENT (CONTD.)

IN SHORT, CCM ALLOWS CLINICS TO STAY CONNECTED WITH PATIENTS, ENSURE PROPER MANAGEMENT OF CHRONIC CONDITIONS, AND MAINTAIN BETTER OVERALL HEALTH OUTCOMES — EVEN WHEN THE PATIENT ISN'T PHYSICALLY VISITING THE CLINIC.

THANK YOU

US MEDICAL LINKER