



Weind

Provider Solutions

Your Complete Partner in Healthcare Solution

**A PROVEN TRACK RECORD OF FIXING
BROKEN MEDICAL BILLING PROCESS AND
INCREASING COLLECTIONS**





ABOUT US

WPS is a Revenue Cycle Management company focused on providing a complete revenue cycle solution to healthcare providers and back-end support to billing companies. We manage your RCM beyond the traditional boundaries.

WPS additionally helps you save so much of your time by providing professional services

- Chart Prepping
- Virtual Scribing
- Credentialing





ABOUT US

Despite the great value of technology in the RCM processes, it's the strategy that leads to better financial performance.

At WPS we work to transform your RCM department from a cost center to a value-creating unit.

We work as your complete partner and backbone so you can focus on the patient care while we take care of your back-end processes without letting you compromise on the bottom line and focusing on enhancement of the same.



OUR PRACTICE MANAGEMENT SOLUTIONS

- Monthly analysis report
- Monthly deposits report
- Monthly patient billing
- Working Appeals
- Past due claims
- Authorization Tracking



AR Services

- Denial Follow Up
- Denial Analysis
- Patient Follow Up
- Follow Up with Insurance for Outstanding Recievable

Patient Services

- Appointment Scheduling
- Eligibility Verification
- Pre-Auth

Payment Services

- Payment review
- Payment Postings

Billing Services

- Coding
- Charge Capture
- Claim Generation
- Claim Submission





THE CURE FOR YOUR PRACTICE

WPS is a full-service Revenue Cycle Management Company. We are dedicated to providing your practice with the highest quality of professional service. Given the ever-changing and regulatory nature of the insurance industry, we understand the challenges medical practice face today.

- PROVIDE “ACCELERATORS” TO OVERCOME PROCESS AND RESOURCE LIMITATIONS WITHIN YOUR RCM
- SUBMITS CLAIMS UNDER 48 HOURS
- SPEED-UP REIMBURSEMENT PERIOD
- REDUCE DENIALS AND REJECTED CLAIMS
- NO ADDITIONAL STAFF TO TRAIN
- INCREASE PRACTICE PROFITABILITY FEWER HEADACHES, MORE PROFITABILITY





ACCURATE ELECTRONIC CLAIMS TRANSMISSION

Our target is to electronically transmit all claims within 48 hours from the time the Charge Sheets and correct patient documents are received by our office.

Each claim is reviewed by the coding team to ensure clean claim submission.

SPECIALIZATION IN DENIAL MANAGEMENT

Denied claims are worked on, rectified, and resubmitted within 24 hours on receipt of EOB

All Denials which require additional documentation, are sent to the Doctor's office on the same day the EOB is posted.

Denial Management is handled by:-

- identification of key denial reasons.
- Identification of non-contractual adjustments due to denials.
- Identification of contractual issues.
- Qualification of denial reason

AGGRESSIVE AR FOLLOWUP

Our A/R and Denial Management Specialists receive extensive training in AR Follow-up.

Aggressive Follow-up starts 30 days after Claim Submission.

Our Specialists are chosen for their analytical skills and are provided with access to all the documentation required to make sure that the claim is paid on the first call, if not, they re-follow up on the claims, till it reaches a final stage.





OUR EXPERTISE IN PATIENT SERVICES



Our specialized team, with expertise in calling your patients for their due balances, generates revenue from the patient aging.



We have a 30 days regular protocol for sending out patient statements, which is up to 3 statements followed by calls after 10th day the statement has been sent out.

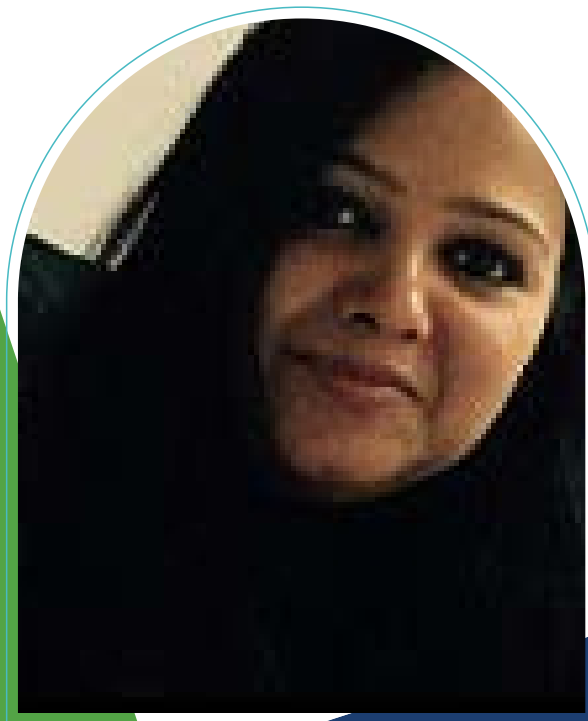


The pre-collection and collections process is also driving to get your patients to pay their old balances.





EXECUTIVE LEADERSHIP



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WITH THE CURRENT CUSTOMER BASE OF YOUR ORGANIZATION AND OVERALL GROWTH PLAN, WE BELIEVE THAT WE CAN OFFER COMPETITIVE PRICING USING ECONOMIES OF SCALE FOR A MUTUALLY BENEFICIAL PARTNERSHIP.

GET IN TOUCH WITH US FOR

QUICK | COST-EFFICIENT | FAILSAFE BILLING SOLUTIONS FOR YOUR PRACTICE | NO MATTER THE SIZE

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