



# Weind

## Provider Solutions

Your Complete Partner in Healthcare Solution

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

Failsafe Billing Solutions

CONNECT WITH US



Email: [info@weind.in](mailto:info@weind.in)



Phone: +91 9046383934



# 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

A progressive independent provider of end-to-end Revenue Cycle Management Services

# ABOUT US

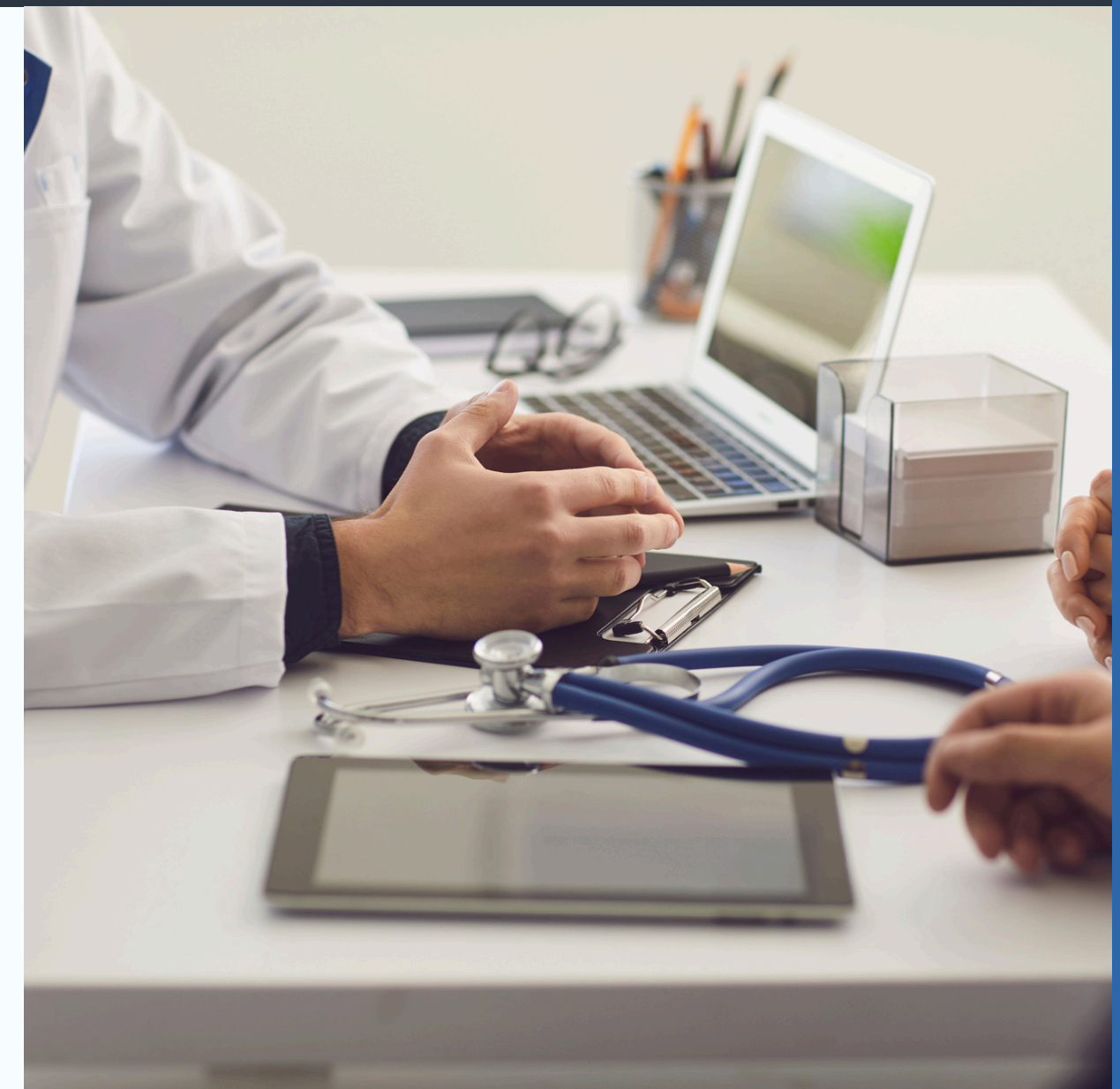


Despite the great value of technology in the RCM processes, it's the strategy that leads to better financial performance.

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.

HELPING  
PHYSICIANS  
FOCUS on  
PATIENTS



# 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



## DEMOGRAPHIC ENTRY

WPS entered new patient registration into the Practice Management software.



## APPOINTMENT CONFIRMATION CALL

WPS calls all the patients that are scheduled for future appointments to remind their appointment to reduce Patients No Show.

# PROCESS FLOW



## ELIGIBILITY & BENEFIT'S VERIFICATION

WPS verifies all patients eligibility and benefits before their actual appointment to determine if the patient is active with scheduled benefits.



## AUTHORIZATION & REFERRALS

WPS also verifies and obtains authorization and referrals if needed.

# PROCESS FLOW



## CHARGES ENTRY

WPS entered all the charges within 24-48 hours after the patient chart is closed for billing.

Before billing any charges, patient charts are being reviewed by the CPC-certified coder to ensure claims are being billed with appropriate CPT and ICD codes.



## PAYMENT POSTING

WPS posts all insurance and patient payments within 24-48 hours after reconciling with bank deposit.



## DENIAL MANAGEMENT

WPS works on the insurance denials received by the payers every day and takes the necessary action to get them paid in a timely manner.

# PROCESS FLOW



## INSURANCE AR FOLLOW-UP

WPS has divided insurance AR follow-up into two different categories.

- Rejection: By working on the rejection, WPS ensures all claims are made to the payer.
- Aging Report: WPS works on the insurance aging every day to make sure all unpaid claims are worked at least once every 35 days and take necessary action.



## PATIENTS STATEMENT

WPS sends all patient statements once in every 30 days after processing by the payer. We recommend sending at least 3 statements to all patients, and after 3 statements, if there is no payment by the patient, those accounts can be moved to collections.

# PROCESS FLOW



## PATIENTS AR FOLLOW-UP

WPS makes a phone call to all patients to ensure they have received a statement and make payment before the due date.



## PATIENT SERVICES

WPS answers all patient phone calls related to their billing and/or other patient queries.



# ADDITIONAL SERVICES

- Insurance Credential
- Chart Prepping
- Live or Virtual Scribe

WPS offered some additional services mentioned above with additional cost !



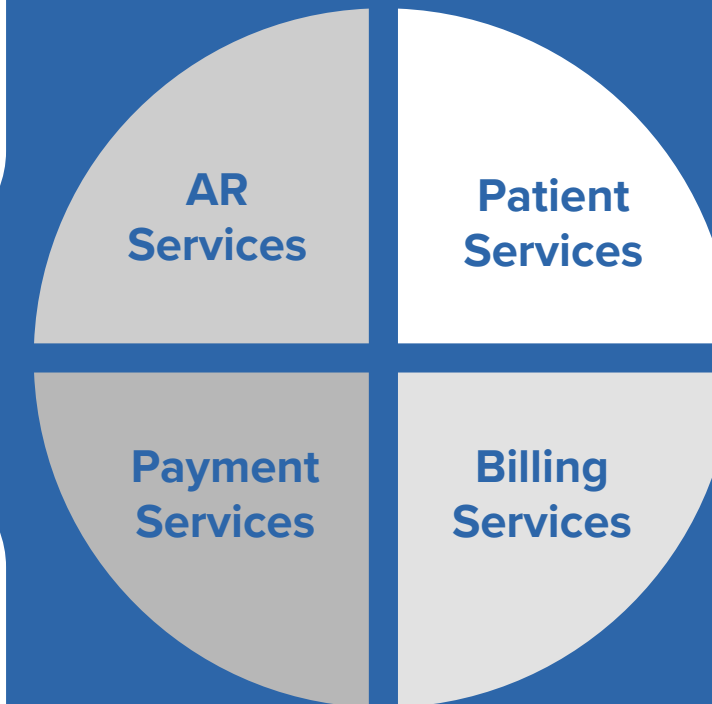
# A HIPAA COMPLIANT BILLING COMPANY

## OUR PRACTICE MANAGEMENT SOLUTIONS

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

- Denial Follow Up
- Denial Analysis
- Patient Follow Up
- Follow Up with Career's for Outstanding Recievable

- Payment review
- Payment Postings



- Appointment Scheduling
- Patient Enroiiment
- Eligibility Verification
- Pre-Cert
- Pre-Auth

- Coding
- Charge Capturo
- Claim Generation
- Claim Submission

## 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

We handle 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 21days 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.



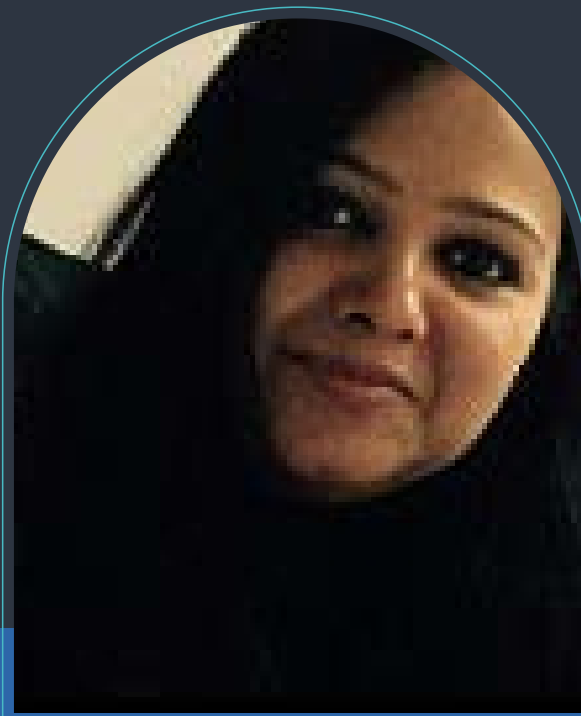
We have a 30 days regular protocol for sending out patient statements, which is up to 3 statements followed by calls after 10th day the statement has been sent out.



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



# EXECUTIVE LEADERSHIP



**Tusharika Kapoor**

Managing  
Director

tusharika@weind.in



**Manish Kapoor**

Director-Finance &  
Admin

monish@weind.in



**Monika Singh**

People  
Strategist

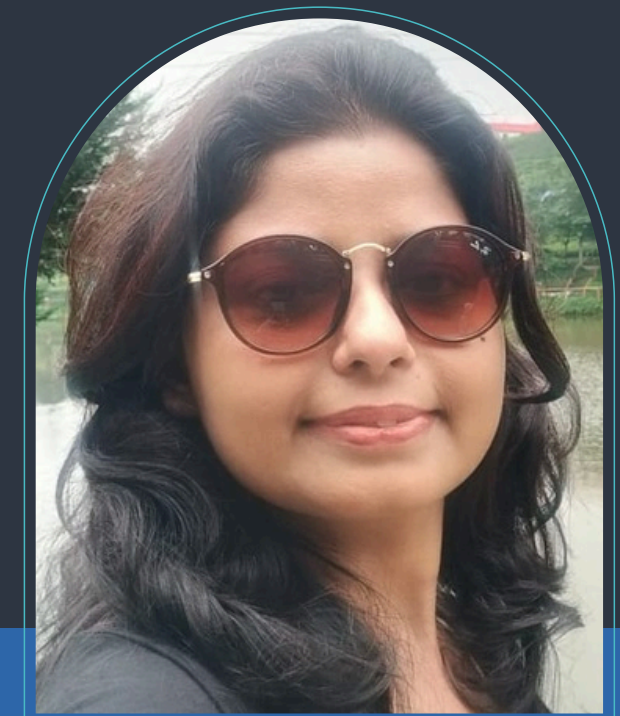
monika@weind.in



**Samar Kumar**

Leader-RCM  
Services

samar@weind.in



**Seema**

Human Resource  
Manager

seema@weind.in

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

[www.weind.in](http://www.weind.in)

Contact: (904) 638 3934

E-mail: [info@weind.in](mailto:info@weind.in)

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