

OUTLINE OF SERVICES

I. Medical Accounting Corp. the Company:

- Specializes in Anesthesia and Pain Management
- Privately held company, Veteran owned & operated
- Emphasis on training and technology

II. Services Provided by Medical Accounting Corp.:

- Complete accounts receivable management
- Complete monthly accountability reports
- Toll-free number provided for patient inquiries
- Pre-collection services at no additional cost
- Managed Care contracting, negotiations & provider enrollment
- Account manager assigned exclusively to your account
- Daily data preparation, coding and claims submission
- Electronic claims submission
- Custom designed charge sheets
- Filing of primary, secondary, & tertiary insurance
- Automatic resubmission of rejected claims & unpaid claims
- Telephone all delinquent balances
- Refund check preparation & disbursement
- Local office (when appropriate)
- Payroll services (when appropriate)

III. Services Unique to Medical Accounting Corp.

- All coders certified by the American Academy of Professional Coders (CPC)
- Errors & Omission insurance policy
- Monitor reimbursements
- Compliance program
- Quality Assurance program
- Compliance audits
- Risk Management consulting
- Practice compliance planning
- Fraud & abuse awareness
- Detailed processing & extensive follow up
- Detailed reports
- All insurance companies contacted after 30 days on all unpaid claims
- Resubmit unpaid claims electronically or via hard copy after 90 days
- Patients are billed on a continuous billing cycle
- Patient payment plans

DETAILS: OVERVIEW OF SERVICES

Managed Care Contracting, Negotiating & Provider Enrollment - We have a department devoted to Managed Care. We also have a department dedicated to provider enrollment. We maintain a complete provider enrollment database used to expedite provider enrollment and recredentialing via SimpleSchedule.

Electronic Claims Submission - Direct electronic filing of all insurance carriers.

Customized Reporting - Our various report options provide practice data delivered in a clear, concise format.

Extensive Follow Up & Detailed Processing:

- All insurance companies are telephoned after 30 days regarding unpaid claims
- All unpaid insurance claims are re-filed after 90 days
- Your coding is handled by a certified coder to ensure maximum reimbursements & adherence to regulatory requirements
- Reimbursements are monitored, and underpaid claims are followed up by phone
- Our employees will work out payment plans with patients to provide maximum reimbursement & to minimize patient complaints
- All patient accounts are handled on a continuous billing cycle
- After 120 days of no payment, our pre-collection department contacts patients. This minimizes the need for intervention by an outside collection agency
- Your account is handled by a dedicated team
- Your team members are aware of all facets of your account
- Patients will neither be sent to collections nor will their balances be written off without prior approval from your group

Local Office - We will provide and staff (dependent upon the volume of your practice) a local office to coordinate administrative activities such as receiving mail and making daily deposits.

Compliance Audits - We provide an annual third party compliance audit for your account. This audit provides verification that all claims are being submitted in accordance with insurance and managed care guidelines as well as federal and state regulations. This will also ensure that all aspects of the billings of your practice are being done in accordance with federal, state, and local statutes, laws, and guidelines.

Quality Assurance Audits (Q/A) - The Q/A department oversees all aspects of the billing and collection cycle. While the main purpose of the Q/A staff is to serve as an auditing tool, the Q/A staff is also available to all account representatives as a resource for questions that pertain to the billing cycle.

Certified Coders - The American Academy of Professional Coders certifies all of our coders. This is the highest certification for non-facility coders as recommended by the AMA. To obtain this certification, each coder must have over two years coding experience and pass a five hour proctored examination. Our coding staff is continuously educated in medical coding and medical terminology.

Compliance Programs - Compliance Programs serve as a safeguard to ensure that all billing and collection activities are kept updated as changes occur.

Fraud and Abuse Awareness - Every aspect of our training covers fraud and abuse awareness. If an anesthesia practice does not have a compliance program in place and does not have its practice policies and procedures reviewed at least bi-annually, it is open to the potential of healthcare fraud and abuse violations.

Thank you for your interest in MAC.