

Beckers: Healthcare Revenue Cycle Companies to Know
Inc. magazine: America's Fastest-Growing Private Companies

SOLUTION BENEFITS

MAXIMIZE & ACCELERATE REIMBURSEMENTS

MINIMIZE REJECTED CLAIMS DUE TO INSURANCE ELIGIBILITY ERRORS

ELIMINATE THE COSTS & HASSLES OF REWORK

IMPROVE THE PATIENT BILLING EXPERIENCE

COMPLEMENT YOUR EXISTING LIS OR BILLING SYSTEM

SCALE UP VOLUME

THE SOLUTION

PatientRemedi® by FrontRunnerHC® is a SaaS solution that instantaneously provides accurate and complete demographic, insurance, and financial information for your patients. The software suite obtains, cross-checks, and fixes patient information in real-time. Powered by the most robust Benefits Investigation capabilities, we leverage robotic process automation (RPA) tailored to your specific patient population and have access to over 2000 regulated data sources that are continuously monitored. All the information is aggregated for you to easily view in one place and is accessible through a workflow portal, APIs, and progressive web applications (PWA). Through integration, the information can also be automatically posted back to your existing LIS or billing system. With PatientRemedi, you can ensure timely and accurate billing. Eliminating wasted time reworking claims means you and your team can focus on higher-value tasks. Getting it right the first time is better for your patients, your referring physicians, your staff, and your bottom line.

“On the first day using FrontRunnerHC, I was able to obtain 80% of the cases that were missing or had invalid insurances. As a non-participating provider, insurance carriers often limit eligibility, so the eligibility check comes in very handy as well. I am excited about our collaboration and look forward to our mutual growth.”

- April Leaver, CPC. Director of Billing, Cleveland Diagnostics

WHAT'S INCLUDED?

ELIGIBILITY VERIFICATION

Go beyond just checking a patient's insurance eligibility. Get the full picture of their benefits coverage and exceptions and discover any secondary insurance plans that are applicable to their specific claims.

INSURANCE DISCOVERY

Discover your patient's insurance in real time, including coordination of benefits (COB) coverage for MCOs and Medicare Advantage Plans. We also help you quickly find the Medicare Beneficiary Identifiers (MBI) for your patients and copy them by the hundreds to easily meet the CMS requirement.

DEMOGRAPHIC VERIFICATION

Verify patient demographic information that is so often inaccurate or missing. Our software digs deeper and leverages proprietary connections to regulated data sources to validate and update your patient demographics in seconds.

FINANCIAL DISPOSITION

Optimize collections while considering each patient's financial situation. Use the information to make the best decisions for both your organization and your patients. Your authorized users can view a patient's propensity to pay, integrate hardship assistance forms, or create a strategy for collection efforts and patient correspondence.

