

ARC MEDICAL BILLING INC.

COMPANY/SERVICE INFORMATION

COMPANY PROFILE

*Medical Outsourcing Specialists
from Billing to Collections*

Service Locations:

ALABAMA:

BIRMINGHAM
HUNTSVILLE

NORTH CAROLINA :

CHARLOTTE
RALEIGH-DURHAM

SOUTH CAROLINA:

CHARLESTON
COLUMBIA



ARC MEDICAL BILLING
INC.

Phone: 888-657-9031

Fax: 704-527-6062

WEBSITE: ARC-INC.COM

ARC Medical Billing Inc. was founded in Charlotte, North Carolina in 1996.

Although ARC as a company is young, the employees together have over 35 years of Billing experience. Senior Management oversee all aspects of recovery handled by our staff. Our "hands on" approach has made it possible for us to provide a higher quality, results oriented, billing and collection service far superior than that of a larger agency.

ARC does not use the volume sales approach that most other agencies work under and therefore we are not forced to hire several collectors to handle a high volume of accounts and fill a desk. This approach has enabled us to have a greater inventory control resulting in more activity per claim. In addition, since we do not have a large client base, we are able to provide our clients with a very personalized service. You never become just a "number" at ARC.

At ARC we realize that we are an extension of your companies efforts. Upon receipt of your claims, immediate contact is made with the debtor in strict compliance with the Federal Fair Debt Collection Practices Act. Persistent but professional contact is continued with your customer both verbally and through periodic written correspondence, designed to re-enforce our efforts, not replace them. You will be kept informed of the status of our efforts through informative reports on a monthly basis, or on a frequency desired by you. Computerized management reports are also available to serve your needs.

ARC wants to build and maintain long-term relationships with quality companies like yours. Our focus is to provide you with the very best personalized customer service available and return more money to you than any other billing agency you have used in the past. We believe that once you have had the opportunity to take advantage of our services, you will be pleased with the results ARC can provide your company.

EMPLOYEE PROFILE

ARC employees have a minimum of 5 years of healthcare accounts receivable experience.

Our team leaders are registered nurses (RN's) that are also Certified Medical Coders.

Our department manager was employed with Medicare for over ten years providing CPT code and modifier use training.

We feel our staff's knowledge and experience would be a tremendous asset to your existing operations

BILLING SERVICES

ARC has a top notch billing team that can put your company back on a sound financial track.

You can rest assured that by using the services of ARC you will save the expense of hiring additional staff, replace your present computer system, or even save you from purchasing a medical billing computer system in the first place. However, ARC does not use "cookie cutter" technology, we recognize that each of our billing clients has individual needs and we tailor our state-of-the-art systems to best accommodate those needs. In addition, we conduct day-to-day management of your accounts receivable where experienced medical billing personnel send claim forms and patient's bills to medical agencies, check every payment received and routinely follow up on all outstanding balances.

Our services include:

- Electronic submission of insurance claims
- Mailing of self-pay patient statements
- Cash management with deposits made directly to your bank account
- In-house patient billing question phone support (avoiding bottlenecks on your patient care lines)
- Answering third party inquiries on claims and bills
- Follow-up calls to delinquent accounts
- Production of comprehensive monthly management reports
- Follow-up on all incorrectly rejected or unpaid claims
- Mailing of subsequent patient statements every 25 days

Here's what we do...

We eliminate neglected, late and inaccurate insurance billing. We expedite payment by filing insurance claims electronically. Electronic Claims Processing by ARC can reduce average payment time from months to days. We can cut down your workload and get the job done faster and for less cost than doing it yourself.

Here's how we do it...

Our service does not require you to have a computer system. Your super bills and ledger sheets are entered into our computer system. The electronic claims are normally in the insurance carrier's office within 24 hours. You receive your money quickly, easily, and in a cost efficient manner. If you wish, we can even generate comprehensive reports to help you evaluate your business.

What OUTSOURCING your insurance claims can do for you!

Improves cash flow

Claims paid in 14 days or less instead of the usual 45-60 days

Cleaner claim submission, practically eliminates delayed or rejected claims

Medicare, Blue Cross/Blue Shield, Commercial, Champus claims filed electronically

For a fraction of the costs of the alternatives, ARC can provide the services to a medical practice that will:

Reduce the average claims processing costs by two-thirds

Reduce the claims suspensions from 30 percent down to 2 or 3 percent

Reduce the average payment time from 45-60 days down to 14 days or less

Increase time allocated to practice productivity by handling billing questions, doing account follow-up and dunning

Increase attention paid to building the practice by eliminating much of the clerical work and providing the practice with management reports.

In addition to the electronic processing of claims, ARC can and will provide the following services:

Monthly statements, reminder and past due notices

Tracking accounts receivable

Collections

Comprehensive accounting and patient activity reports

Insurance follow-up and review services

Options for sending your claims to ARC:

Scan or fax your super bills at the close of each day.

Prepare a priority mail package and mail a couple of times each week.

REASONS TO USE ARC

Certified by the American Collectors Association

Owners play active role in the Billing process

Insured and Bonded

Phone calls within 24 hours of placement

Monthly Status Reports

Monthly Billing Summary Reports

ARC's guarantee is peace of mind. Our experienced, well-trained staff takes care of your billing and collections needs and assure compliance with current laws.

Once on board with ARC, you will be assigned an Account Representative who will meet with you on a regular basis at your convenience. He/she will review the accomplishments of both the preceding month and year-to-date, as well as update you on where you are with regard to your long- and short-term goals.

The bottom line is that on a day-to-day basis, nobody in the industry can get better results than ARC. Our knowledge of coding and our use of the latest computer technology insure that you receive the maximum allowable payment for your services.

Account Placement Procedures

The Following information is needed for account placement to ARC - Billing Services:

1. Completed Super Bill

The full name of the Patient (First Middle Last) as well as the patient birth date should be PRINTED on the top of each Super Bill.

All Super Bills must have the CPT code and Price charges for each code listed and or circled. Any modifiers to be used must also be listed by the corresponding CPT code.

All Super Bills must have the ICD9 Diagnosis code listed along with the diagnosis description. If multiple codes are used they need to be mark as 1,2,3 etc. to indicate which codes are to be billed as the primary diagnosis and secondary etc.

The Super Bill should be have a charge summary at the bottom of the bill showing the total charges on the bill and documenting any co-payments collected from the patient.

2. Face Sheet

All new patients seen that are being sent to ARC Billing Services for the FIRST TIME ONLY, must have a completed face sheet showing all patient demographic information. This information should include the patient's full name, date of birth, sex, social security number, home address, place of employment etc. The same information is needed for the guarantor (responsible party) of the account.

3. Insurance Cards

All new patients seen that are being sent to ARC Billing Services for the FIRST TIME ONLY, unless an insurance change is being made, must have the front and back of all insurance cards copied and attached to the above Face Sheet.

We recommend that the office staff mark the inside folder of the medical record with our ARC Billing Services stamp (will be provided to all new clients). This will indicate that all "first time" information has been sent to ARC. If the patient has a repeat visit all that is needed will be the Super Bill Only.

4. Pre-Authorization - Referral Forms

If required by the payer these forms must be attached to each Super Bill.