

How to Fast-Track Patient Access and Ramp up Revenue

A pleasant patient experience and a healthy revenue cycle are greatly impacted by your patient access process. When staff can efficiently validate patient identification, navigate eligibility verification and identify all available insurance coverage within a single workflow, you're on the road to happier patients and healthier revenue.



Pave the way for a smoother patient journey

Leave disparate systems in the dust and embrace single solution simplicity

- Checkpoint 1:** Validate patient demographics
- Checkpoint 2:** Verify insurance eligibility
- Checkpoint 3:** Find all active coverage

Avoid bumps in the road



Incomplete or inaccurate patient information

Receive error alerts and make corrections before they impact medical records or future billing



Hidden coverage

Often, up to 40% of patients who have not provided their insurance information may have billable coverage¹



Eligibility errors

The number one reason for claims denials is incorrect eligibility information²
Get primary, secondary and tertiary coverage information

Follow the fastest route to revenue



- Collect from payers, not patients**
Insurance discovery process identifies an average of 39.5% insurance matches on uninsured accounts³
- Enhance the patient experience**
Consolidating technology vendors improves patient financial experience, according to 32% of healthcare financial leaders⁴
- Improve financial and operational metrics**
Efficient, low-stress workflows support cleaner claims and speedier revenue capture

Discover Registration Assurance A turnkey application that drives:



Simpler workflows



Faster admissions



Improved accuracy



More reimbursement dollars

Accelerate patient access and keep your revenue cycle rolling.

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