DME CLAIM SERVICES CORP

Healthcare Receivables Management

WWW.DMECLAIM.COM

With over 20 years in DME billing, DME Claim Services Corp fills a variety of needs for Durable Medical equipment (DME) providers. We bill Medicare, Medicare Advantage Plans, Medicaid, Blue Cross and all other payers. Our employees are effective and thoroughly trained DME billing specialists. Our experience enables us to accurately generate claims for prompt payment. Our effective follow-through relieves our clients of this costly and time-consuming task. We provide ongoing follow-up by calling insurance carriers for status and problem solving on unpaid claims. As we gather the information, we will take the steps needed to get the claims paid. If that requires additional information, we contact you and let you know specifically what we need. As we receive electronic remittance notices of primary claims paid, we automatically bill any secondary claims that have not crossed over. We print and mail monthly patient statements. We also do back billing and review of any outstanding receivables incurred prior to our start date.

1. Services

- **A. Consulting on compliance issues, coding and fee schedules**
- **B. Entering and transmitting claims and CMN's electronically (or on paper when appropriate)**
- **C. posting of payments, deductibles, and write-offs.**
- **D. billing secondary insurers and patients**
- **E. resubmission/appeals of denied claims**
- **F. follow-up on unpaid or unacknowledged claims**
- **G. automatic monthly billing of rental items**
- **H. 10th Month Purchase Letters**
- **I. Management Reports**

2. Process

- **A. Your company will be set up in our software system with your information as to pricing, contracts, provider numbers.**
- **B. We will prepare any forms needed for electronic set up with any carriers with whom you are contracted as well as the usual carriers in your state or states.**
- **C. You or your staff can call or email us as needed for information such as medical policy, documentation, allowables, HCPCS codes, diagnosis codes, prior authorization procedures and other questions you may encounter.**
- **D. We will work with you and your staff to streamline the transfer of information to DME Claim Services. Mail, fax, and e-mail attachments are**

among the methods we use. We can provide you with a form or format to use or you can use your own.

E. Your claims analyst will contact you if additional or corrected information is needed.
F. We will plan with you the best way to communicate with your staff when we need additional information so that there will be minimal disruption of your workflow.
G. DME Claim Services inputs and submits Provider's claims to the various payers and the Provider faxes or mails us copies of the remittance notices as they come in. We can use this method as long as we receive copies of the notices on a regular daily or weekly basis. We post the payments and then bill the Provider for our percentage at the end of each month. Many payers provide the option to download remittance notices and post electronically. In those cases, we do not need copies from the provider.
H. ALL PAYMENTS GO DIRECTLY TO YOU, THE PROVIDER.

3. Management Reports

We issue monthly reports detailing our progress. Reports typically include Accounts Receivable by Payer, Aged Receivables by Patient, and Cash Journal, Billing Journal, and Executive Summary Report. Other reports can be generated upon request.

4. Personnel

Our staff members have at least of 5 years of claims experience. Ongoing and new employee training is done one-on-one in our office. Our staff also attends Medicare, Medicaid, and Trade Association seminars and webinars. We access the most recent manual revisions and bulletins to make sure we stay current with the ever-changing regulations.

5. The client is not required to purchase any computer software or equipment.
Our system is a complete electronic billing and A/R package for DME.

6. Responsibilities of the Client/Provider:

A. Supply us with the Provider EIN number, NPI, Medicare and Medicaid provider numbers as well as the appropriate provider information for the HMO's and/or Provider Networks, in which you participate, so that we will have accurate billing information. There are also a few forms to sign to authorize us to transmit claims on your behalf.
B. Verify coverage and benefits for your patients before providing service.
C. Provide us with appropriate patient information, including insurance ID numbers, diagnoses, referring physician name, address, and telephone number, items delivered and dates of service. We can provide forms and checklists for your staff.

D. Familiarize your staff with coverage criteria, medical policy and utilization guidelines for your main products and payers. We will be happy to help with this process.
E. Provide us with copies of remittances and any claims related correspondence from insurance carriers.

7. Pricing based on performance

A. We do not bill our percentage until after the provider receives the payments. We charge a percentage of the payments generated on claims we process.
B. There is a one-time registration fee. This covers all of the set up activities including adding your company to our system, preparing EDI enrollment forms for your signature, setting up your price list, getting you any information you need about Medicare policies, and supplying forms you may need to get started.
C. For back billing of claims that are on your aged receivables 90 days or more before the start of our contract, in some cases, we may charge an hourly rate. This can be estimated in advance.

You can be assured that we will pursue each claim to its proper resolution because our success is dependent upon the success of our clients.

We stay up-to-date and involved with changes in the healthcare insurance industry, and we inform our clients as we become aware of changes that affect their business. We help our clients maintain compliance by alerting them if we see problems in documentation or CMN completion and by informing them if they need to refund a payment for any reason such as a duplicate payment.

Patients may call our office for information or explanations of claims or patient billings.

In short, we will work with you to develop a mutually beneficial business relationship.

If you would like additional information, please call me at (317) 826-0111 (Ext. 107) or toll-free at (888) 569-3017.

June Levey
President
DME Claim Services Corp
Junel@DMECLAIM.COM
WWW.DMECLAIM.COM
(888) 569-3017