



OUR CLIENT SUCCESS STORIES:

CASE STUDY (1):

NEUROPSYCHOLOGY PRACTICE REVENUE TURNAROUND:

Client Background:

In March 2024, a neuropsychology and feedback practice partnered with Prime Doc Billing after facing stagnant monthly collections of around \$65,000.

Challenges:

Our team conducted a thorough audit and identified several missed CPT codes that were limiting reimbursements.

Solutions:

By optimizing coding practices and implementing a refined billing strategy, the practice achieved significant revenue growth. Additionally, Prime Doc Billing managed credentialing for new clinicians, enabling service expansion and smoother payer enrollment.

Results:

Within months, the practice's average monthly collections rose to \$115,000, marking a substantial improvement in overall financial performance and operational efficiency.



CASE STUDY (2):

PRACTICE TRANSFORMATION THROUGH COMPREHENSIVE RCM & VA SUPPORT:

Client Background:

A multi-specialty practice facing severe cash flow issues, rising A/R, and front-office inefficiencies partnered with Prime Doc Billing during a critical phase of EHR transition and data migration. The practice had disorganized data across multiple systems and a backlog of unresolved claims.

Solutions Implemented:

Prime Doc's Virtual Assistant (VA) team streamlined front-office operations, including VOBs, scheduling, and prior authorizations, ensuring smooth day-to-day functioning. Simultaneously, our RCM team conducted an extensive A/R cleanup, reducing the 90+ day bucket from 65% to 49%, improving the clean claim rate to 97%, and lowering the denial rate from 15% to 7%.

Results:

With consistent follow-ups, timely claim submissions, and strategic data reconciliation, the practice's monthly collections doubled from \$40K to \$82K, achieving financial stability and operational efficiency.



OUR CLIENT SUCCESS STORIES:

CASE STUDY (3):

FROM REVENUE CHALLENGES TO FINANCIAL SUCCESS

Client Background:

A home health agency was facing significant operational challenges, including cash flow issues, credentialing delays, EDI enrollment problems, and difficulties with claim submission and processing. These issues were directly impacting revenue and overall practice performance.

Solutions Implemented:

Prime Doc's Credentialing Team worked closely with payers to resolve credentialing issues and ensure timely approvals. Our billing team established proper EDI setup with payers and clearinghouse to streamline electronic claim submission. Additionally, our coding and billing team actively worked on pending claims, ensuring accurate coding, timely submission, and consistent follow-ups with insurance payers.

Results:

Within just three months of implementing our end-to-end Revenue Cycle Management (RCM) solutions, the practice achieved a remarkable financial turnaround. Monthly collections increased from approximately \$25,000–\$35,000 to \$100,000–\$120,000, driven by improved billing accuracy, effective credentialing, streamlined claims processing, and proactive denial management. This resulted in significantly stronger cash flow, reduced claim rejections, and enhanced overall operational efficiency.