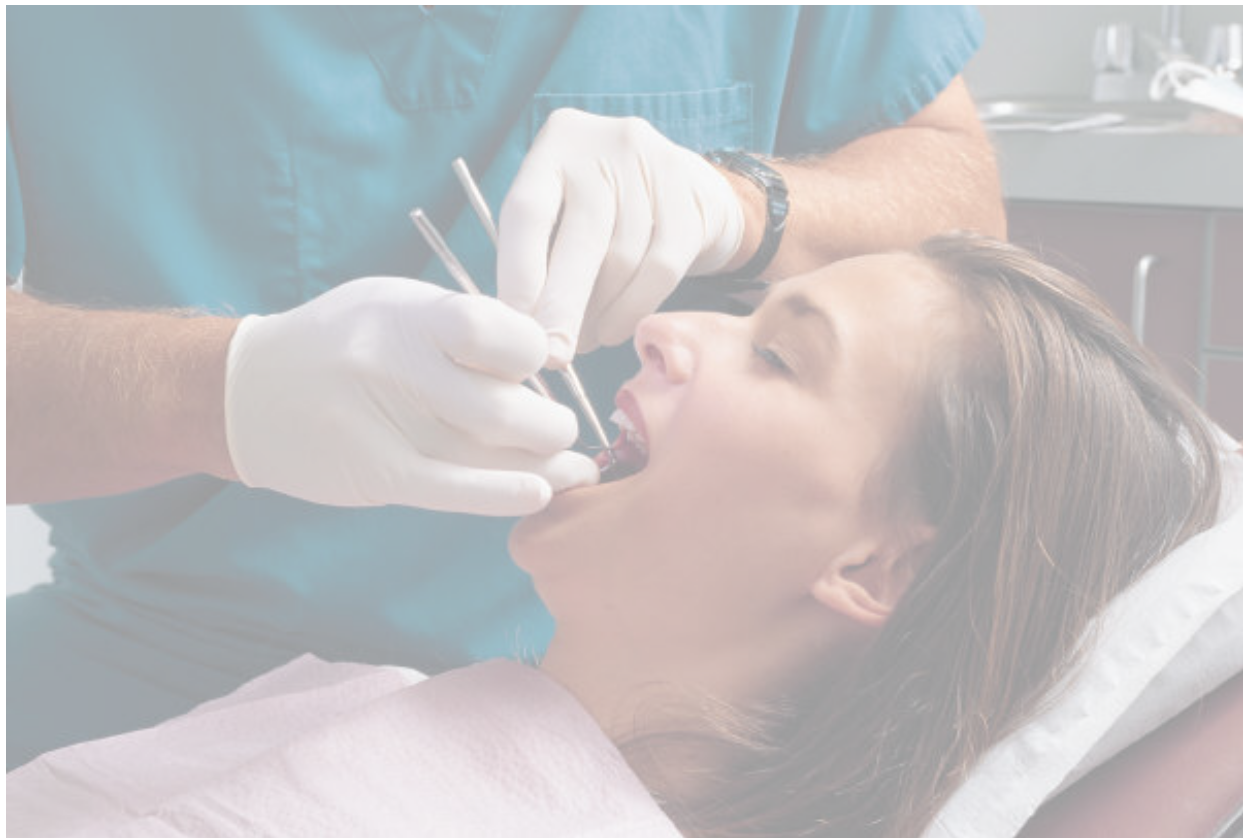


Dental Practice Management Services

Leveraging Technology to Drive your Business Growth

iSpace Global Services



Optimizing Your Revenue Cycle

Dental providers across the world continue to face problems in establishing and maintaining acceptable operating margins. Most dental providers do not have the time or resources to monitor their operational efficiencies and financial impact, which cause significant losses. Finding ways to streamline and maximize workflow to lower operating costs is imperative. The efficient management of cash flow and revenues are critical factors in a professionally run practices.

iSpace provides a broad range of Revenue Cycle Management services to Dental Providers and Dental Billing companies. At iSpace, we leverage people, processes and technology to provide operational and financial solutions to our clients. Our goal is to help you maximize revenues and reduce expenses. Our experienced management professionals help you analyze your current revenue cycle and positively impact cash flow. Revenue problems must be addressed as part of a coordinated solution to obtain real improvement. With iSpace customized solutions, customers are able to improve their efficiency, reduce cost, increase cash flow and more efficiently manage complex revenue and payment cycle process.

Services we offer

> Patient Registration

Patient Registration or Demographics Entry is the function of creating or updating the personal details of the Patient, Guarantor & Subscriber in the system database. It also involves entry & archiving of the patient's Coverage Info in the system

> Patient Scheduling

As part of this process, a patient is called and reminded of his/her scheduled appointment with the doctor. This can be for new and recall appointment.

> Eligibility Verification(EV) and Benefits

EV is a process of verifying patient's insurance eligibility. Once appointment is scheduled, patients insurance is verified for the validity before the treatment. If the insurance is terminated, patient is updated upfront and the bills are sent directly to the patient.

Benefit verification (BV) is a process that follows EV, where a patient's benefits are verified according to %. These are classified under three categories a) Preventative b) Basic c) Major. Communicating with patients' dental benefit providers properly is vital to most practices. Accurate benefit verification has a direct impact on the promptness of claim payments. Many insurance company's payment delays are caused by inaccurate verifications on the part of the Practitioner's office or missed information at the time of the verification.

> **Charge Entry**

Charge Entry follows demographics, where the patient treatment details like procedures are captured. The demographics and charge entry details get linked in the billing software to print on ADA form. Our Charge Entry service gets your claims entered in your billing system faster and accurately. This enables the claims being sent to the payers faster, with fewer errors and at lower costs.

> **Cash Posting**

This process stipulates that the payments which are received from insurance/patients are applied to the patient account. Insurance payments are posted to the patient accounts from EOB's into your billing system. We get all your payments posted in your billing system usually within 24 hours.

> **Analysis**

The purpose of claim analysis is to identify and resolve dental claims billing and reimbursement issues toward maximizing collections and minimizing accounts receivables. It helps to ensure timely, accurate and final settlement of health insurance claims and patient bills by insurers or patients as appropriate. The scope of claim analysis is applicable to all health insurance claims and patient bills that have not been fully and finally settled by liable party or parties comprising health insurers, patients and others. It is the responsibility of the Accounts Receivables Analyst to ensure that AR is under control & acceptable by industry standards.

> **Insurance Follow up**

We run the insurance reports and identify the claims over 30, 60, 90 and more days depending on the requirement. We call the insurance representative to check the status of all the pending claims thus making sure that he/she gets the accurate information so that the claims are cleared before the filing limit. This helps our clients getting paid more and faster.

> **Denial Management**

This process signifies that appropriate action is taken on the denied claim as per the EOB (Explanation of Benefit). The action includes – a) Closing of a claim. b) Moving money to the patient c) Reprocessing the claim for payment. We analyze, correct and resubmit the claims that are denied by the payers.

› Patient Collections

Patient Collections process requires the patients to be called and updated of their reimbursement portion. This is also to further notify them of the time period for payment before moving the account to collection agency.

The solution benefits

- › Positively impact cash flow and performance
- › Improved patient experience and satisfaction with ease of use
- › Access to state-of-the-art revenue cycle technology for competitive advantage
- › Detailed and periodic performance reports to improve the process and reduce the risks
- › Extra emphasis on achieving division/section cash goals
- › Customized solutions that combine offshore and on-site execution to ensure maximum profitability.
- › Increased cash flow and lower expenses
- › Proven methodologies to achieve a Higher Return on Investment
- › Long-term relationships that provide cost predictability, results and risk sharing
- › Support with advanced tools to efficiently predict the overall system response
- › Quantifiable and sustainable improvements with revenue cycle key performance indicators
- › Custom-made strategies to address competence of existing resources, prioritization of tasks, and implementation and monitoring of divisional goals

About iSpace

iSpace is a global services company focused on Information Technology and Business Process solutions. Our solutions are centered in four areas - Consulting, Outsourcing, Staffing, and Software Products. Specializing in Healthcare, Insurance, Entertainment, Automobile and Financial Services, we work with Fortune 1000 companies throughout the United States. Our commitment to customer satisfaction is reflected in the fact that over 90% of our client base have remained with us for over 5 years.

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