PATIENT CONTACT LIFECYCLE

Before sending accounts over......

- *INSURANCE HAS PAID, DENIED OR FULFILLED THEIR OBLIGATION
- * YOU HAVE NOTIFIED THE PATIENT 1-2X THEIR RESPONSIBILITY AND ALLOWED TIME (60 DAYS OR SO) FOR THEM TO PAY OR WORKOUT AN AGREEMENT TO PAY YOU.
- * LOGIN TO THE DASHBOARD AND CLICK ON THE BOX NEXT TO THEIR NAME TO SEND THE ACCOUNT OVER TO OUR COMPANY!

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*This is what happens when you assign an account to us!

"PROPHY" (E.G.PREVENTATIVE TREATMENT) = FLAT FEE COLLECTIONS SERVICE - YOU KEEP 100% OF THE RECOVERY. Your software automatically reports any and all payments. You are 100% in control on a case by case basis to start, stop, pause, settle, forgive, etc.

• METHOD	DAYS AFTER TURNING OVER
• First Party Statement Sent	1
 First Party Call Campaign (3 Attempts in Clients Name) 	5-11
 First Party Call Campaign (3 Attempts in Clients Name) 	12-18
Balance Verification Audit	20
 Audit Call Campaign (6 Attempts) 	34-60
Mailgram Letter	60
Phone Call Campaign (3 Attempts)	60-66
• Final Demand Letter	75
Phone Call Campaign (3 Calls)	80-86
Attorney Demand Letter	90
Assignment Transfer Notice -30 day grace period	95
*Escalates automatically unless you cancel prior to transfer on	<u>day</u> 125

• "EXTRACTION" (E.G. TRAUMATIC/BLOODY/COSTLY) = CONTINGENCY COLLECTIONS SERVICE-YOU GET 50% OF ANY RECOVERY NO CHARGE IF NO COLLECTION- You have no control.

- No expectation of the patient returning account is over 6 months old
- We will continue to pursue the account and the responsible party will pay us directly
- Includes Negative Report to the Credit Bureaus-*if allowable
- You are mentally writing off the account as uncollectible and moving on
- Low expectation of ever getting paid, 50% of something is 100% better than nothing