



A **successful revenue cycle begins with an accurate registration!** And, an accurate registration begins with the ability to quickly and accurately verify a patient's insurance eligibility. An accurate verification of a patient's insurance eligibility at the beginning of the revenue cycle results in reduced denials, fewer rejected claims, less returned statements, and a reduction of other delays that impede the collections process and slow your revenue cycle.

HERE'S HOW IT WORKS

AHI's **Eligibility Verification** provides automated, real time verification of the critical fields of a patient's insurance eligibility data, such as name, SSN, policy number, etc., so you can quickly verify a patient's insurance eligibility at the time of registration. The system automatically compares the data to all major payers, including Medicare, Medicaid, Blue Cross, Aetna, etc. It also includes many of the regional and smaller payers as well.

In addition, the system automatically checks self pay registrations against Medicaid to identify potential coverage. Depending upon your patient financial service policies, the co-pay, coinsurance and deductible information provided by many payers can be used at pre-registration or at registration to request payment, or make arrangements for patients to satisfy their financial responsibilities at the time of registration.

CONTACT AHI SOFTWARE

When you implement AHI's **Eligibility Verification**, you'll have everything you need to quickly and accurately verify your patients' insurance eligibility. Call or email us today to get started improving your revenue cycle where it begins – at registration!

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