

2026 READY MODEL

Provider Revenue Optimization Portfolio

AI-Powered Revenue Cycle Management

 Lower Denials

 Faster Cash

 Less Admin Work

 AI-First Approach



ClienteleRCM
TRANSFORMING REVENUE CYCLE MANAGEMENT

Agenda

01



Executive Overview

Company history, scale, and strategic focus

02



Value Proposition

AI-First approach and zero revenue disruption

03



End-to-End Services

Front-end to back-end RCM workflow

04



Performance Metrics

Industry beating KPIs and denial rates

05



Compliance & Transition

Security standards and onboarding process

06



Why Choose Us

Key benefits for providers and clinics

07



Mobile Apps

Technology for providers and patients

08



Case Studies

5 proven success stories and outcomes

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Financial Model

Risk-free engagement and ROI

10



Next Steps

Consultation and partnership roadmap



Executive Overview



April 2016

Established & Founded



20+ Years

Combined RCM Expertise



50+

Dedicated Professionals



Global

Bengaluru Hub + US Reach (MI, IL, WA, OH, NJ)

Growth & Evolution Journey



Serving Providers Nationwide



2016

Founded with a focus on traditional RCM excellence



2019

Expanded to 5 states & established Bengaluru center



2023

Integrated advanced analytics & denial prevention



2026 Ready

AI-First Operations & Automation

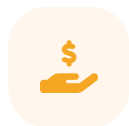


Our Value Proposition



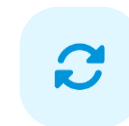
AI-First Accuracy + Human Insight

Combining advanced machine learning models with expert human-in-the-loop verification to ensure maximum precision in coding and claims.



Prevention-First Model

Proactive denial management that stops errors before they occur. We focus on getting it right the first time, not just fixing it later.



Zero Revenue Disruption

Seamless transition management with parallel run capabilities. We ensure your cash flow remains stable during onboarding.



Compliance by Design

Built-in adherence to HIPAA, CMS guidelines, and the No Surprises Act. Our architecture enforces strict Role-Based Access Control (RBAC) and Multi-Factor Authentication.



Proven Performance

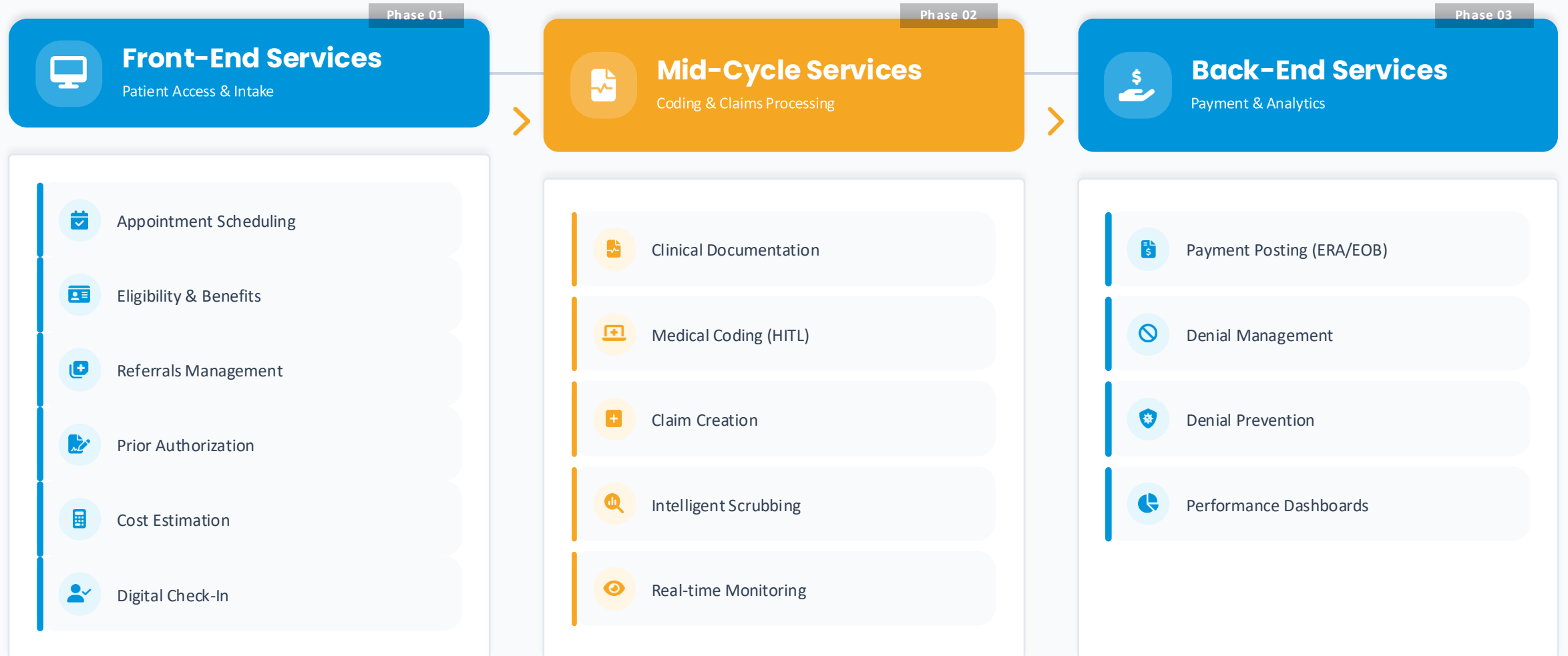
Delivering tangible results that impact your bottom line directly.

<5% Denials

95%+ Clean Claims

50-60% Less Work

End-to-End AI-Enabled Service Model



Front-End Services

Patient Access & Intake Optimization



Appointment Scheduling & Reminders

Automated multi-channel scheduling with intelligent reminders (SMS/Email) to reduce no-shows and optimize provider utilization.



Eligibility & Benefits Verification

Real-time insurance verification before the visit to confirm coverage details, copays, and deductibles, preventing downstream denials.



PCP Referral Intake & Tracking

Streamlined referral management to ensure all specialist visits have valid referrals on file, closing the loop on patient care.



Prior Authorization Management

AI-assisted prior auth workflows that determine requirements and submit requests instantly, reducing administrative burden and delays.



Real-time Cost Estimation

Generate accurate patient financial responsibility estimates at the point of service to increase upfront collections and transparency.



Digital Check-In & Document Capture

Contactless check-in via mobile app, allowing patients to upload insurance cards and IDs securely before arriving at the front desk.

Mid-Cycle Services

Clinical Integrity & Coding Excellence



Clinical Documentation Support

Ensuring complete and precise provider documentation to support support medical necessity and maximize coding specificity for accurate reimbursement.



Medical Coding (HITL)

AI-assisted coding engine with expert Human-in-the-Loop (HITL) QA (HITL) QA to ensure 99% accuracy and compliance with latest ICD-latest ICD-10 and CPT guidelines.



Claim Creation & Packaging

Seamless aggregation of patient data, codes, and supporting documentation into compliant claim formats ready for rapid payer submission.



Intelligent Claim Scrubbing

Automated pre-submission validation against millions of payer-specific rules to catch errors and prevent downstream denials before they occur.



Real-Time Claims Monitoring

Continuous tracking of claim status with instant feedback loops, allowing for rapid intervention and correction of any payer edits.





Payment Posting (ERA/EOB Automation)

Automated posting of payments from ERAs and digitized EOBs ensures accurate account balances, faster reconciliation, and real-time visibility into cash flow.



Denial Management & Prevention

Proactive workflows to identify root causes of denials, denials, manage appeals efficiently with intelligent routing, routing, and implement rules to prevent future revenue leakage.



Analytics & Performance Dashboards

Comprehensive insights into financial health with real-time tracking of KPIs like AR days, collection rates, and denial trends to drive data-informed decisions.

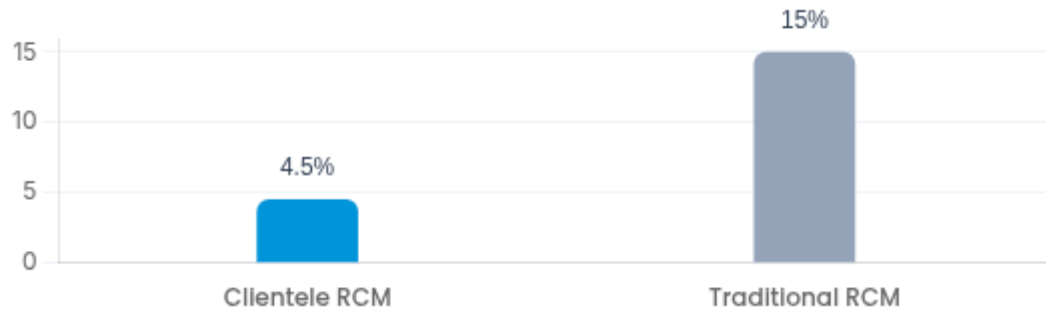
Key Performance Metrics

Clientele RCM vs. Traditional Models

● Clientele RCM

● Traditional RCM

Denial Rate (Lower is Better)



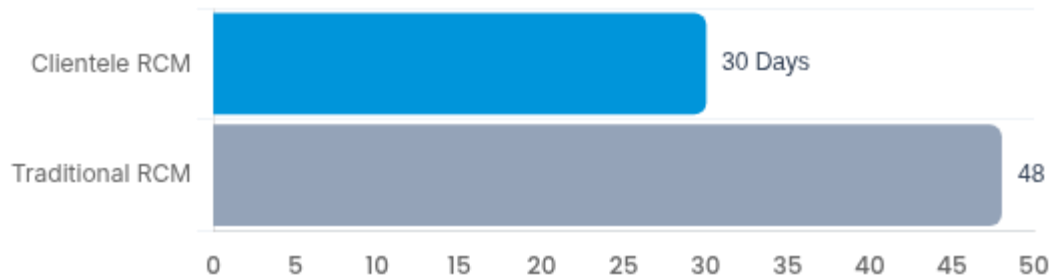
📉 Less than 5% denial rate compared to 15% industry average

First-Pass Acceptance Rate



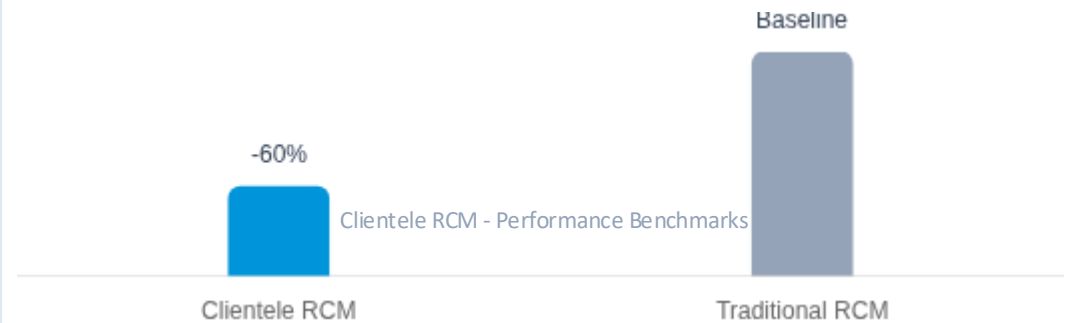
📈 Achieving 95%+ clean claims on first submission

Days in A/R Reduction



⚡ Cash flow accelerated by 35% compared to traditional models

Admin Workload Reduction



👥 Staff burden reduced by 60%, freeing time for patient care

Performance Impact Snapshot

Quantifiable Results for Modern Providers

↑ Accuracy

95%+

Clean Claims

First-pass acceptance rate via intelligent intelligent scrubbing

↓ Risk

<5%

Denial Rate

Industry leading prevention-first model model

▶▶ Speed

35%

Faster Cash Cycle

Reduced Days in A/R accelerating revenue flow

↓ Effort

60%

Workload Reduction

Less administrative burden for your your clinical staff

Business Outcome



Fewer Write-offs



Stronger Margins



Happier Staff & Patients

Compliance & Security

Enterprise-Grade Protection & Governance



HIPAA Compliant

Full adherence to Health Insurance Portability and Accountability Act standards for PHI protection and protection and data privacy.



Role-Based Access (RBAC)

Strict access controls ensuring staff only see data necessary for their specific role, minimizing internal risk.



Multi-Factor Auth (MFA)

Mandatory secondary verification layers for all system access points to prevent unauthorized logins.



CMS Guidelines Alignment

Continuous monitoring and integration of Centers for Medicare & Medicaid Services coding and billing updates.



No Surprises Act Adherence

Transparent cost estimation and billing practices compliant with federal regulations to protect patients from unexpected bills.



Audited & Secure Operations Center

Transition Management

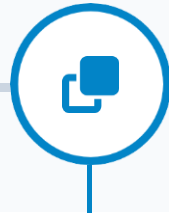
Zero Revenue Disruption Guarantee



1. Assessment

Week 1-2

- Current workflow analysis
- Gap identification audit
- Data integrity checks
- Define SLAs & KPIs



2. Parallel Run

Week 3-4

- Shadow processing setup
- Validation vs. Legacy
- Change mgmt training
- System configuration



3. Cutover

Week 5

- Go-Live execution
- Zero downtime focus
- Real-time monitoring
- Daily huddle reviews



4. Stabilize

Month 2-3

- Performance optimization
- Continuous improvement
- Regular business reviews
- Free Billing Period**



Risk-Free Launch Offer

Experience the difference with zero financial risk.

2 Months Free Traditional Billing

Why Providers & Clinics Say "Yes"

Clientele RCM Competitive Advantages



Prevention-First Revenue Protection 01

Instead of just managing denials, we stop them before claim submission using predictive analytics and root-cause prevention workflows.



Real-Time Cost Estimation & POS 02

Empower front-desk staff to collect patient responsibility responsibility upfront with 98% accurate cost estimates, estimates, reducing bad debt exposure.



Clean-Claim Engine & Denial Prevention 03

Advanced scrubbing logic that adapts to payer rule changes changes daily, ensuring claims go out clean the first time, time, every time.



Transparent Dashboards & Insights 04

Full visibility into your financial health with interactive interactive dashboards showing real-time metrics, trends, trends, and actionable intelligence.



Experienced Team Across US Payers 05

50+ dedicated RCM professionals with deep expertise in major commercial, Medicare, and Medicaid payer nuances across multiple states.



Flexible, Scalable Engagement 06

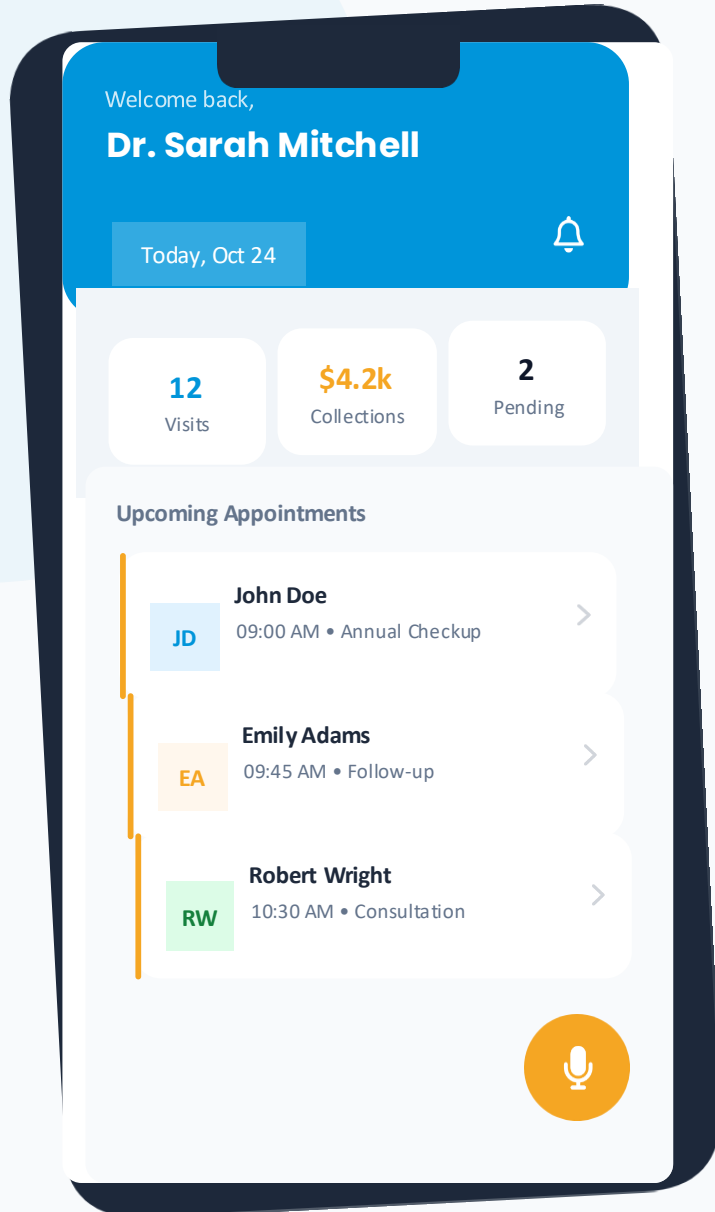
A partnership model that grows with you. Whether you're a single clinic or a multi-location group, our services scale instantly.

Provider Mobile App

Practice Intelligence in Your Pocket



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30-Second Patient Snapshots

Instant access to eligibility status, co-pay details, and clinical history before you even enter the exam room.



Daily Smart Visit Dashboards

Real-time schedule visualization with indicators for checked-in patients, insurance issues, and outstanding balances.



Financial Intelligence at Point of Care

View real-time cost estimates and patient responsibility, enabling transparent financial conversations during visits.



Voice-to-Documentation

Hands-free charting capabilities allowing you to dictate clinical notes directly into the EHR via secure mobile interface.



Approval Workflows

Review and sign off on coding queries, charge captures, and documentation alerts with a single tap.

Patient Mobile App

Empowering Patients, Streamlining Access



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Digital Front Door

Seamlessly upload demographics, insurance cards, lab results, and X-rays directly from a smartphone before the visit.



Secure Messaging

HIPAA-compliant communication channel for billing inquiries, appointment updates, and clinical and clinical questions.



Real-Time Cost Estimates

View accurate out-of-pocket cost breakdowns and patient responsibility based on current insurance benefits.



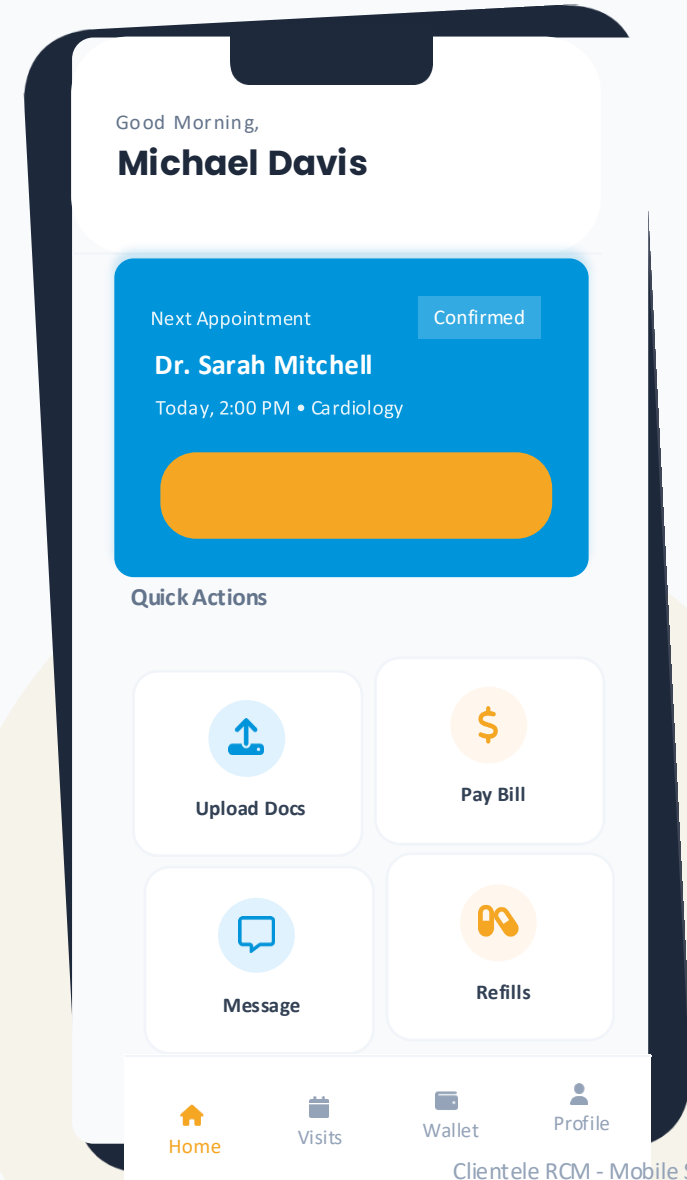
Mobile Payments

Secure, one-tap payment options for co-pays and outstanding balances with instant digital receipts.



Smooth Check-In

Contactless arrival with QR code check-in and pre-filled digital forms to reduce waiting room time.




Success Stories

Proven Results Across Specialties

From reducing AR days to recovering lost revenue, see how our AI-driven approach delivers tangible financial outcomes for healthcare providers.

01




Multi-Specialty Practice

Struggling with high denial rates due to documentation gaps.

Outcome
120+ Days

Old AR completely resolved & cash flow restored.

02




Personal Injury Claims

Zero payments due to incorrect commercial vs. comp routing.

Outcome
Zero-Pay Fixed

Corrected payer routing restored immediate revenue.

03




Clearinghouse Resolution

Timely filing denials trapped in clearinghouse limbo.

Outcome
Denials Cleared

Audited enrollment & tracked claims beyond gateway.

04




OON Optimization

Excessive write-offs on Out-of-Network claims.

Outcome
Write-offs ↓

Distinguished provider OON status vs. benefit gaps.

05



Negotiation Success

Underpaid high-value claims requiring arbitration.

Outcome
90% Recovery

Secured nearly full reimbursement via negotiation.

Case Study: Multi-Specialty Practice

The Challenge

A mid-sized multi-specialty group faced severe cash flow issues due to a backlog of unpaid claims. Documentation delays and poor coding quality led to a surge in denials.

- ✗ High denial rate due to coding errors
- ✗ Provider documentation lag > 7 days



120+

DAYS IN A/R



The Action

Clientele RCM deployed a rapid response team to overhaul the documentation workflow and implement stringent quality checks.

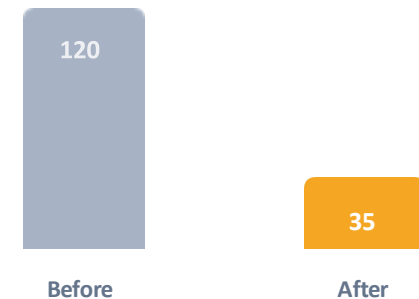
- ✓ implemented 24h turnaround requirement for charts.
-  AI pre-coding with Human-in-the-Loop verification.
-  Corrected claims before submission to payers.



The Result

Within 90 days, the practice saw a dramatic turnaround in cash flow and claim acceptance rates.

DAYS IN A/R REDUCTION



 **First-Pass Acceptance > 95%**

Case Study: Personal Injury Claims

Fixing Payer Routing for Auto & Workers' Comp



The Challenge

An injury claims for provider experienced zero payments on high-value claims because they were incorrectly routed to commercial health insurance instead of Auto/Workers' Compensation.

- ✗ Immediate denials from Commercial Payers
- ✗ Failure to bill liable third-party carriers

ZERO

REVENUE ON MISROUTED CLAIMS

The Action

Clientele RCM implemented a specialized front-end intake process to identify accident details and route claims to the correct liable payer immediately.

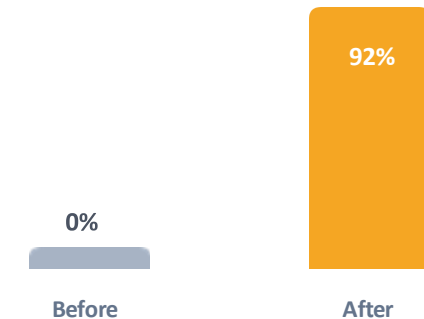
- ▼ Auto-detection of injury codes to trigger Auto/WC Auto/WC workflows.
- ✓ Ensuring accident dates and claim numbers are captured.
- ↻ Re-billed past denials to correct carriers.



The Result

The facility successfully recovered payments from from correct carriers and stabilized cash flow by by stopping the denial cycle at the source.

COLLECTION RATE ON INJURY CLAIMS



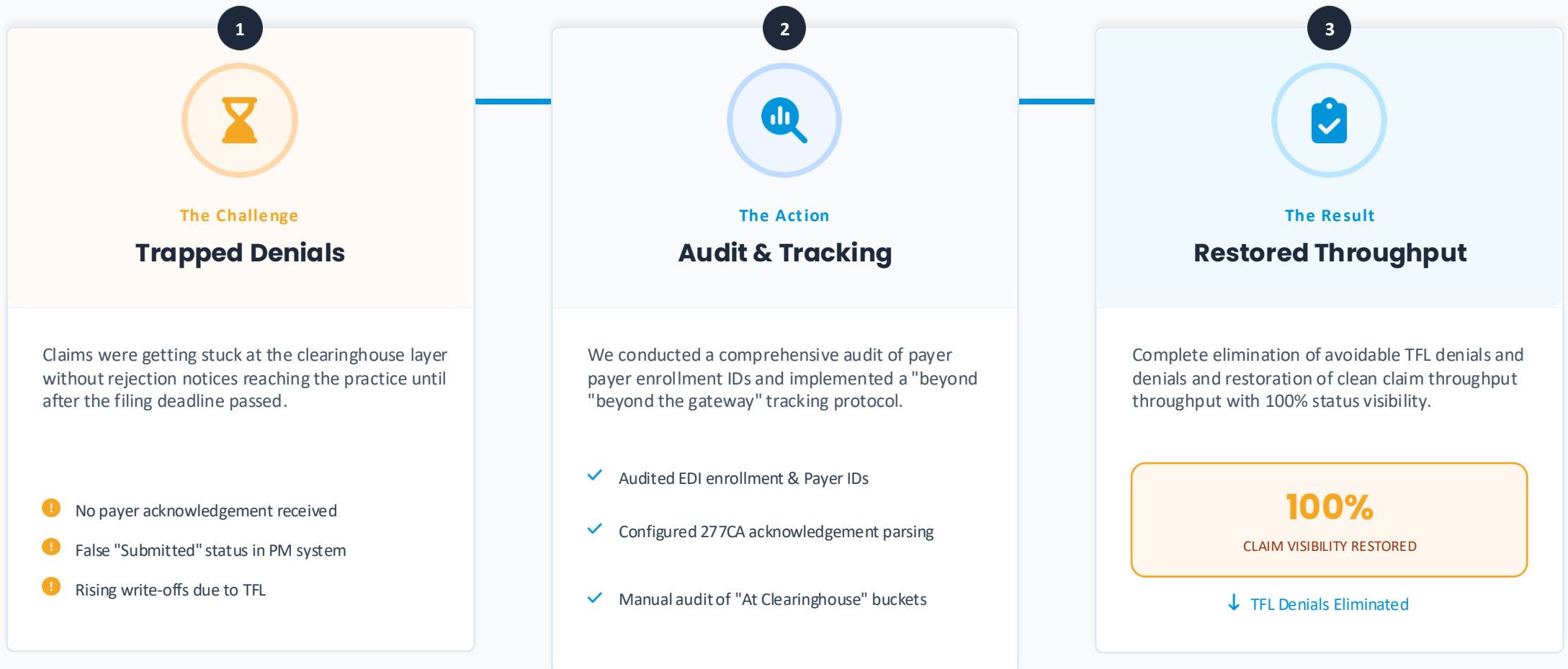
✓ **Stabilized Cash Flow**

Case Study: Clearinghouse Resolution

Solving the "Black Hole" of Claims Submission



A high-volume practice experienced significant revenue loss due to "Timely Filing Limit" (TFL) denials. Claims appeared sent but were never acknowledged by the payer.



Case Study: Out-of-Network Optimization

Recovering Lost Revenue from OON Claims
Claims



The Challenge

The practice was suffering from significant revenue leakage due to incorrect assumptions about Out-of-Network (OON) coverage, leading to automatic write-offs rather than pursuit of payment.

- ✗ Excessive write-offs based on OON status
- ✗ Lack of distinction between no-coverage and OON

High %

REVENUE WRITE-OFFS

The Action

Clientele RCM implemented a granular segmentation strategy to differentiate between genuine lack of benefits and OON reimbursement opportunities.

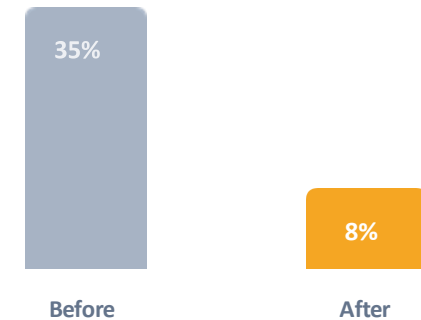
- 🔍 Separated provider OON status from patient benefit benefit gaps.
- 📋 Applied specific follow-up logic for OON claims.
- 👤 Pursued OON benefits instead of writing off.



The Result

By correctly identifying and pursuing collectible OON claims, the practice drastically reduced unnecessary write-offs and increased net collections.

WRITE-OFF PERCENTAGE



Higher Net Collections

Case Study: Negotiation Success

Optimizing Out-of-Network Reimbursements
Reimbursements



The Challenge

The provider faced significant revenue leakage on Out-of-Network (OON) claims, with commercial payers consistently underpaying or repricing claims to near-Medicare rates.




- ✗ Low reimbursement on high-value claims
- ✗ Lack of negotiation leverage with payers

Low %

REIMBURSEMENT RATE

The Action

Clientele RCM implemented a dedicated negotiation team to engage third-party payers, backed by robust clinical documentation to substantiate charges.

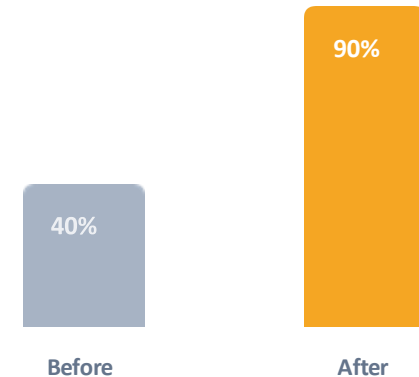
-  Direct engagement with payer settlement teams.
-  Leveraging state laws and medical necessity.
-  Proof of complexity to justify higher rates.



The Result

The strategy yielded a dramatic increase in payment payment recovery, securing favorable settlements on settlements on previously underpaid claims.

OON CLAIM REIMBURSEMENT



 Up to 90% Recovery



RISK FREE

Zero-Risk Onboarding Model

We believe in proving our value before you pay. Experience our premium RCM services with absolutely no financial risk during the transition.

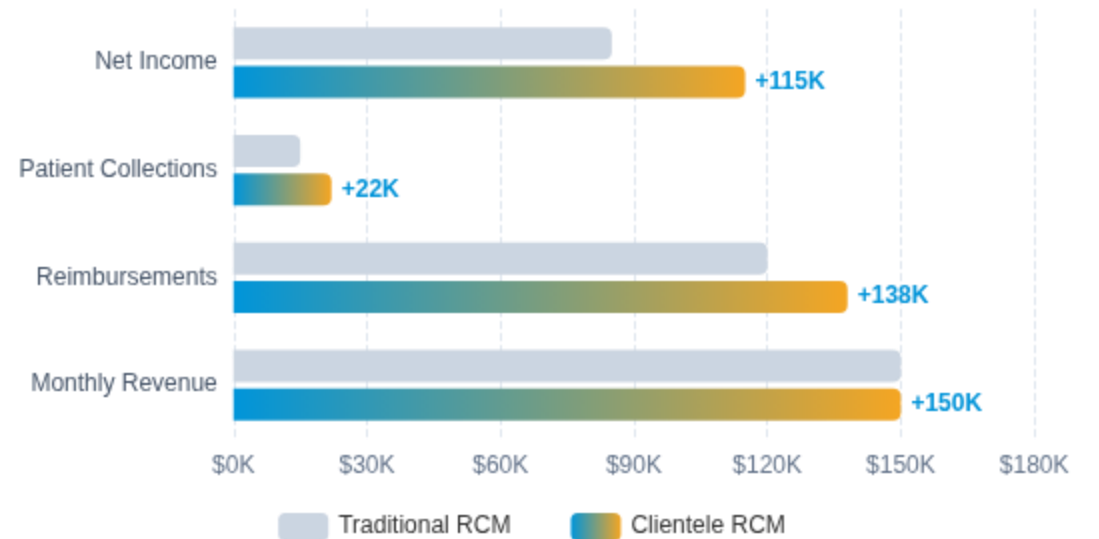
- ✓ First 2 Months of Billing at NO COST
- ✓ Zero Implementation Fees
- ✓ No Long-Term Lock-in During Pilot

Engagement Model

Transparent percentage-of-collections pricing model ensures our goals are perfectly aligned. We only get paid when you get paid.

Return on Investment

How optimized RCM translates to your bottom line



98%

Net Collection Rate
+5% Industry Avg

22 Days

Days in A/R
-15 Days Reduction

<3%

Denial Rate
-7% Reduction

Next Steps

Your Path to Revenue Optimization

1



Discovery Call

Initial 30-minute consultation to understand your current challenges, practice size, and specific revenue goals.

2



Revenue Assessment

Complimentary audit of your current RCM performance to identify leakages and improvement opportunities.

3



Proposal & SLAs

Customized proposal outlining projected ROI, service level agreements (SLAs), and transparent pricing model.

4



Transition Plan

Kickoff meeting to initiate the zero-disruption onboarding process and begin your 2-month risk-free pilot.

Ready to optimize your revenue cycle?

Schedule your discovery call today and stop leaving revenue on the table.

[Schedule Consultation](#) 



Thank You

We appreciate your time and the opportunity to discuss how we can optimize your revenue cycle. Let's build a more profitable future for your practice practice together.



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Want to see it in action? Request a live demo of our Provider Dashboards and Patient Mobile App to experience the difference firsthand.