

# Provider Revenue Optimization Portfolio

AI-Powered Revenue Cycle Management

 Lower Denials

 Faster Cash

 Less Admin Work

 AI-First Approach



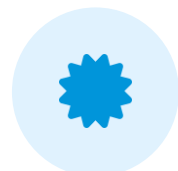
**ClienteleRCM**  
TRANSFORMING REVENUE CYCLE MANAGEMENT

# 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**

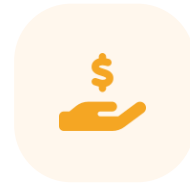
**AI-First Operations & Automation**

# 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



## AI Intelligent Bridge Platform

# Real Time Healthcare Revenue Cycle Automation.

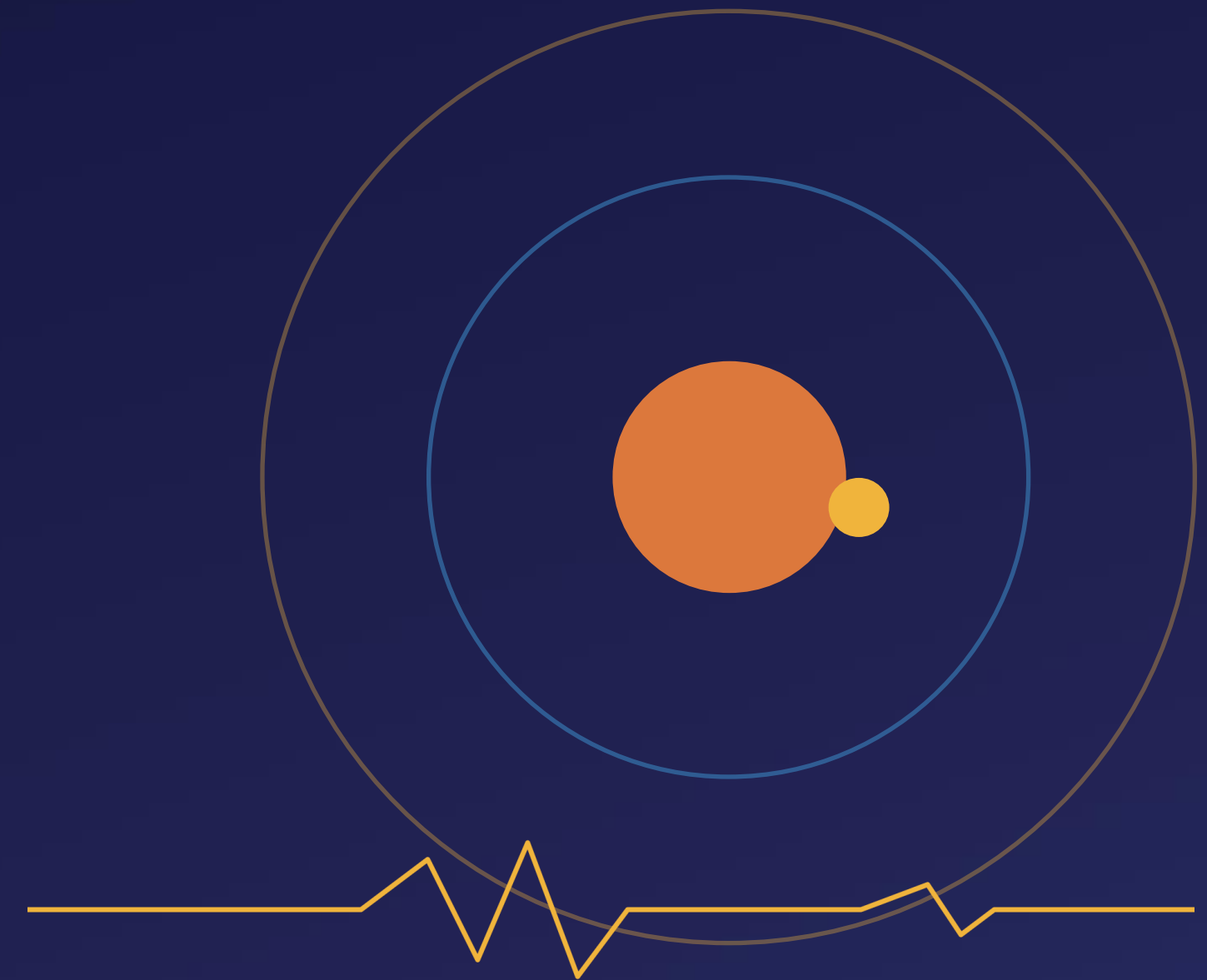
Connecting **Patients** · **Providers** · **Payors** · **EMR / EHR / PM**

**80%**

AI Automation

**20%**

Human-in-the-Loop Intelligence



## Healthcare today

# Teams spend more time on admin than on caring for patients. patients.

### 01 · Front office

#### Patient Registration

- Manual demographic entry
- Insurance card scanning & typing
- Long registration calls
- Front-desk dependency
- Extended patient waiting time

### 02 · Scheduling

#### Appointment Workflow

- Phone-based appointment booking
- Manual provider-availability checks
- Reminder fatigue & missed messages
- High cancellation rate
- Recurring no-shows

### 03 · Revenue cycle

#### RCM & Collections

- Manual eligibility verification
- Prior-authorization delays
- Documentation & coding burden
- Claim errors & denials
- Long AR follow-up cycles

## Introducing Clientele Pulse

# The AI intelligent bridge across every healthcare touchpoint.

### Real-time bridge

#### Patient Console

Self-service registration, scheduling, communication, records



#### Provider Console

Pre-visit prep, AI scribing, documentation, coding support



#### Payor Systems

Eligibility, benefits, prior-auth, claims status



#### EMR · EHR · PM Platforms

Bi-directional sync with existing systems

### What Pulse promises



#### No replacement of existing systems

Pulse augments — it does not displace your EMR.



#### No workflow disruption

Your front-office and clinical teams keep their flow.



#### No EMR migration

Connect via standard APIs — keep your record of truth.



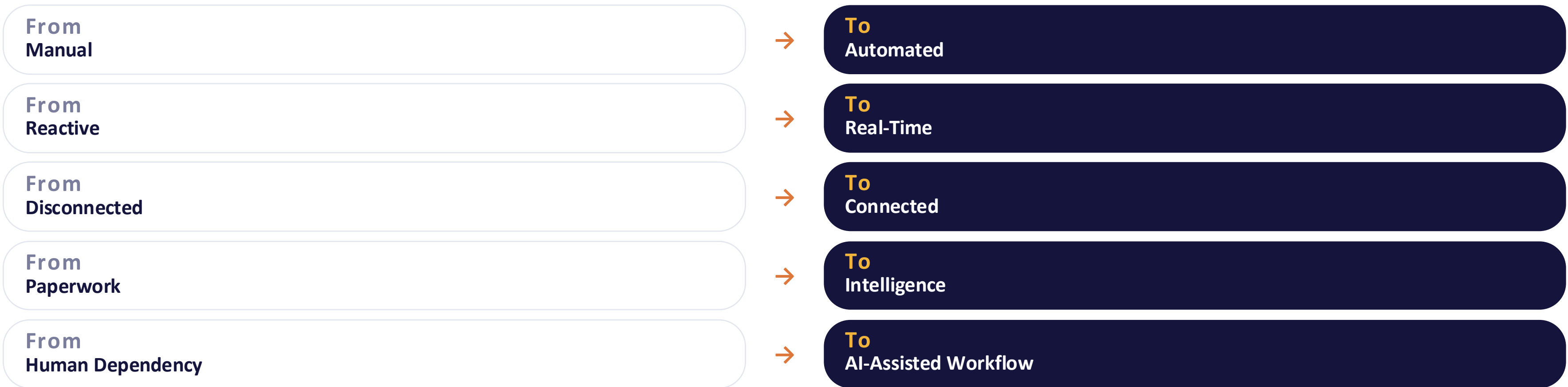
#### No operational interruption

Deploy alongside live operations, day-zero ready.

**Our vision**

# Transform healthcare administration with applied AI.

Five shifts that move the operating model from human-dependent paperwork to AI-assisted, real-time intelligence.



## Pulse strategy

# 80% automation, 20% human intelligence.

AI runs the predictable, repetitive volume. People are reserved for complex cases, exceptions and clinical judgement where they add the most value.

# 80%

AI manages

- Registration
- Scheduling
- AI scribing
- Claim creation
- Payment posting
- Denial management
- Eligibility verification
- Documentation
- Coding assistance
- Claim scrubbing
- AR monitoring

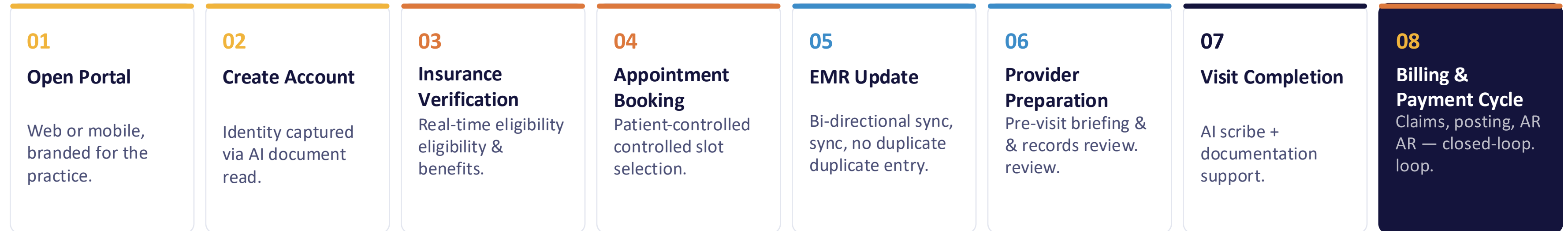
# 20%

Human-in-the-loop

- Complex cases
- Exceptions & edge handling
- Clinical judgement
- Escalations
- AI guidance & oversight

Patient Console · End-to-end workflow

# From portal sign-in to fully closed billing cycle.



## What changes for the patient

**From eight phone calls and a clipboard to one connected experience the patient runs themselves.**

No retyping at the front desk. No phone tag for benefits. One thread for clinical, scheduling and billing communication.

Step 1 — Patient self-service

# 5 fields. Or a photo. That is the entire registration.

## Option A · Type 5 fields

First Name

Last Name

Date of Birth

Primary Insurance

Member ID

O  
R

## Option B · Upload 2 photos



**Driver License**

JPG / PNG / camera



**Insurance Card**

Front + back

**AI extracts automatically**  
Clientele Pulse fills the rest.

### Demographics

Full name  
Address  
Phone  
DOB & gender

### Insurance

Member ID  
Group number  
Carrier & plan  
Coverage detail

✓ No typing required

✓ No front-desk assistance required

## Step 2 — AI eligibility verification

# Financial responsibility known before the patient walks in.

### Trigger

Immediately after registration, Pulse calls the payor.

### Process

**Patient** → **Pulse** → **Payor**

270/271 eligibility transaction with active-coverage, copay, deductible, coinsurance and out-of-pocket — returned in seconds.

< 30s

Median response time across major payors.

### Returned in real-time

Eight critical data points verified

- ✓ Active coverage
- ✓ Copay
- ✓ Deductible
- ✓ Out-of-pocket status
- ✓ Plan details
- ✓ Coinsurance
- ✓ Deductible met
- ✓ Coverage restrictions

### Result

Provider already knows the financial responsibility.

Patient knows the expected cost before arrival.

Step 3 — Zero-disruption integration

# Pulse writes verified data into your existing system of record. record.

## Source

### Pulse Patient Profile

Verified demographics, insurance and visit preparation data.

- Identity captured
- Coverage verified
- Documents attached
- Appointment confirmed



Bi-  
directional  
real-time  
sync

## Auto-create / update

### Patient Profile

Master demographic record with audit trail back to the source document.

## Auto-create / update

### Insurance Record

Carrier, plan, member ID, group, primary / secondary hierarchy.

## Auto-create / update

### Appointment Information

Time slot, provider, location and reason synced to the EMR calendar.

## Auto-create / update

### Visit Preparation Data

Uploaded records, history flags, eligibility snapshot for the clinician.

Step 4 — AI appointment scheduling

# Patient-controlled scheduling, no phone calls.

### Patient selects

Four picks. Booked.

**01 · Provider**  
Dr. Park · Internal Medicine

**02 · Location**  
Westview Clinic

**03 · Specialty**  
Annual physical

**04 · Time slot**  
Thu · 10:30 AM

### Available slots — Thursday

9:00 9:30 10:00 **10:30 ✓** 11:00  
0 11:30 1:00 1:30 2:00 2:30

### Clientele Pulse handles

Booking in four moves.

- ✓ Checks provider availability
- ✓ Books the appointment
- ✓ Updates the EMR calendar
- ✓ Sends confirmation to patient

No phone calls  
calls

No scheduling-staff dependency  
dependency

Step 5 — Automated appointment management

# Cut no-shows. Recapture empty slots.

## 01 · Patient receives Proactive nudges

- Appointment confirmation
- Smart reminders (SMS / email / portal)
- Reschedule options
- Cancellation options

Reminder cadence tuned by appointment type — surgical prep, follow-up, annual.

Figures are indicative targets based on internal Clientele Pulse modeling; actuals vary by specialty and baseline.

## 02 · Patient can Self-serve, anytime

- Cancel anytime
- Reschedule anytime
- Choose convenient slots
- Add to personal calendar

Released slots flow back to the open-pool instantly — picked up by other patients in the queue.

## 03 · Result Operational gains

**-35%**

No-shows (target reduction)

**-60%**

Empty appointment slots

**-80%**

Staff follow-up calls

Step 6 — Patient communication hub

# One thread. Three teams. Zero phone tag.

**FD Front Desk**  
Registration · Scheduling · General

- Registration questions
- Scheduling changes
- General inquiries
- Forms & intake paperwork

"Can I move my Thu visit?"  
→ Front Desk · 2 open slots

**DR Provider**

- Clinical questions
- Follow-up discussions
- Care-plan check-ins
- Medication queries

"Side effect on day 3 — normal?"  
→ Dr. Park · Replied in 2h

**\$ Billing Team**  
Statements · Payments · Insurance

- Statements & balance questions
- Payments and plans
- Insurance disputes
- Receipts & EOB review

"Why was my copay \$40?"  
→ Billing · EOB attached

**No more phone tag — every conversation tracked, routed and audited.**

Step 7 — Patient health dashboard

# The full record in the patient's pocket.

**My Health · Pulse** Anita L. · DOB 04/12/1986  
**Pulse**

**Visits**  
**3 upcoming**  
Next: Thu 10:30 · Dr. Park

**Lab reports**  
**2 new**  
CBC, lipid panel · auto-routed

**Documents**  
**12 uploaded**  
X-ray, MRI, prior summaries

**Balance**  
**\$0.00**  
Last payment 11/12

**Upload your records** + Upload  
Lab reports · X-rays · prior visits

## Provider gets Full picture before the visit.

Records the patient uploads route automatically to the assigned clinician reviewed and prepped *before* the appointment.

Previous visit summaries **Indexed**

Lab reports **Flagged values surfaced**

Imaging (X-ray / MRI) **Linked viewer**

Medical documents **OCR-searchable**

Test results **Trend view**

Provider console · AI-assisted workflow

# AI works alongside the clinician before, during and after the visit.

## Before visit

### Pre-visit briefing

Patient context summarised on a single screen.

- Patient history review
- Insurance status snapshot
- Eligibility confirmation
- Uploaded records review

## During visit

### AI assistance, in-room

Hands stay on the patient — not the keyboard. keyboard.

- Automated scribing
- Clinical documentation support
- Real-time note generation
- Smart structured templates

## After visit

### Closes the loop

Documentation flows straight into the revenue cycle. cycle.

- Coding support
- Claim creation
- Billing workflow handoff
- Patient summary & instructions

## AI-powered RCM automation

# Complete revenue cycle automation from documentation to submission.

### **PA** Prior Authorization

AI runs the Prior-Auth so providers don't have to chase it.

- Identifies requirements per payor & CPT
- Prepares supporting clinical info
- Submits & tracks status
- Alerts when intervention is needed

### **CD** Coding

AI proposes — credentialed coders confirm.

- ICD-10 selection from clinical notes
- CPT support & modifier guidance
- Documentation gap review
- Compliance & LCD checks

### **CL** Claims

Clean claims, the first time.

- Automated claim creation
- Pre-submission scrubber
- Error detection & auto-fix
- Submission-readiness scoring

Intelligent claims & AR management

# Real-time revenue visibility.

Pulse continuously monitors every claim, payment and AR bucket surfacing actionable signals to RCM teams.

### Track 01

#### Claims

Submitted **1,284**

Pending **147**

Rejected **23**

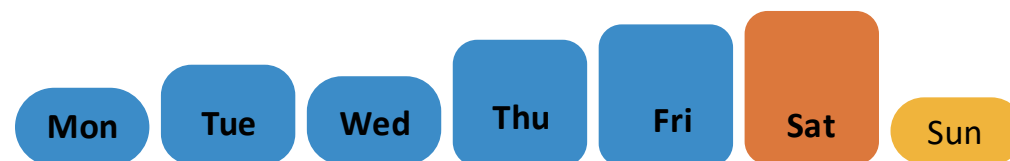
Illustrative volumes for a mid-size practice over a 30-day window.

### Track 02

#### Payments

- Automated payment posting
- ERA / EOB reconciliation
- Patient responsibility split
- Variance & underpayment alerts

#### This week posting



### Track 03

#### Accounts Receivable

#### AR aging



- Automated follow-up queues
- Denial-reason classification
- Aging-bucket prioritization

AI denial management

# Stop the revenue leak before it spreads.

## AI identifies

### Where claims fall over.

#### Denial patterns

Recurring rejection signatures across payor / CPT / provider combinations.

#### Missing information

Required fields, attachments and authorizations flagged pre-submission.

#### Documentation gaps

Notes that don't substantiate the billed level of service.

#### Coding issues

Mismatched codes, missing modifiers, LCD conflicts.

## AI provides

### A path to recovery.

#### → Corrective action

Specific edits to the claim — generated automatically and routed for approval.

#### 🔄 Workflow recommendation

Process changes upstream so the same denial doesn't repeat next month.

#### ! Priority handling

Highest-value denials worked first, with appeal deadlines tracked.

Reduce revenue leakage



Real-time dashboards

# Role-based intelligence everyone sees what matters to them.

## For patients



### Patient Dashboard

- Appointments
- Billing
- Records
- Communication

## For providers



### Provider Dashboard

- Patient readiness
- Productivity
- Clinical workflow
- AI scribe queue

## For front office



### Front Desk Dashboard

- Registration status
- Communication queue
- Scheduling
- Eligibility alerts

## For leadership



### Management Dashboard

- Revenue
- Performance
- Productivity
- Denials & AR

Business benefits

# Operational transformation across every team that touches the patient.

PX

## Patient Experience

- Faster registration
- Self-service scheduling
- Less waiting
- Better communication

FO

## Front Office

- Reduced workload
- Less phone handling
- No manual entry
- Automated eligibility

PR

## Providers

- Less documentation burden
- More patient focus
- AI scribing in-room
- Better visit prep

\$

## RCM Teams

- Faster claims
- Fewer denials
- Better collections
- Real-time AR visibility

Why Clientele Pulse

# The future of connected healthcare, delivered on one platform.

One platform

**Patient.**  
**Clinical.**  
**Revenue.**  
**Intelligence.**

Four operating layer patient engagement, clinical workflow, revenue cycle and AI intelligence running on one connected platform.

01

### Patient Engagement

Self-service portal, scheduling, communication, records.

02

### Clinical Workflow

Pre-visit briefing, AI scribing, documentation support.

03

### Revenue Cycle

Eligibility, coding, claims, denials, AR closed loop.

04

### AI Intelligence

Real-time orchestration, decisioning, and learning across the stack.

### Outcome

A smarter healthcare ecosystem — real-time automation, better patient experience, experience, optimized revenue performance.

Closing statement

**"The intelligent bridge between care delivery and revenue success."**

Connect.

Automate.

Optimize.

Transform.