LUMAXIS
RCM

Turning Every Claim Into Collected Revenue

End-to-end Revenue Cycle Management for U.S. Medical & Dental Practices

Clear Claims. Faster Revenue.

98% Clean claim rate target

95% Denial recovery target

40% Faster AR turnaround goal

HIPAA Compliant | AI-Enabled
U.S. Healthcare Focused

The Challenges Practices Face Today

Rising Denial Rates
Payers reject more claims on first submission

Staffing Shortages
Billing experts are costly to recruit and retain

Payer Complexity
Ever-changing rules and prior auth requirements

Revenue Leakage
Reimbursements lost to inefficiencies

Administrative Burden
Staff time consumed by non-clinical work

Compliance Risks
HIPAA and coding rules demand constant vigilance

Delayed Payments
Slow AR cycles strain practice cash flow

*Your team should focus on patient care, **not chasing payments.***

Who We Are

Lumaxis RCM is a healthcare-focused Revenue Cycle Management partner. We help practices optimize reimbursements, improve operational efficiency and accelerate financial performance through a combination of human expertise, automation and analytics.



Medical & Dental RCM Experts

HIPAA Compliant

AI & Automation Enabled

U.S. Healthcare Focused

Human-Led Service Delivery

OUR MISSION

To empower healthcare practices through intelligent revenue cycle management, data-driven decisions, operational excellence and meaningful partnerships that drive sustainable financial success.



Intelligent RCM



Data-Driven Decisions



Operational Excellence



Meaningful Partnerships

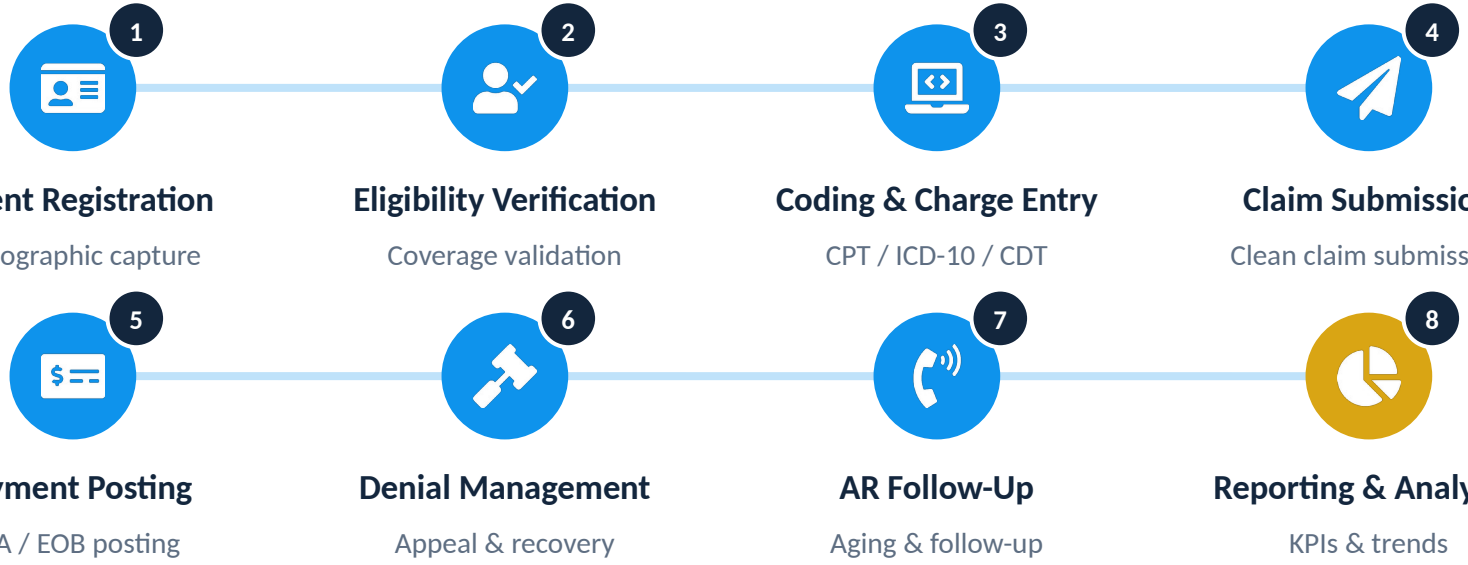
Why Practices Choose Lumaxis RCM

- HIPAA Compliant Operations
- AI & Automation Enabled
- Human Expertise Driven Results
- Transparent Reporting
- Dedicated Account Management
- Scalable Solutions
- Continuous Improvement
- Proactive Communication
- Data-Driven Decisions
- An Extension of Your Team

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reasons practices trust us with their revenue

Our End-to-End RCM Services



Complete revenue cycle coverage, from patient registration to payment recovery

Eligibility & Benefits Verification

What We Do

- Insurance verification
- Benefits investigation
- Coverage validation
- Authorization requirement identification
- Real-time eligibility checks

Value Delivered

- Fewer claim denials
- Better patient experience
- Accurate financial estimates
- Higher clean claim rate

Coding & Charge Entry

What We Do

- CPT coding
- ICD-10 coding
- CDT coding (dental)
- Documentation review
- Charge accuracy validation

Value Delivered

- Fewer coding errors
- More accurate reimbursement
- Faster claim processing
- Compliant claim submissions

Claim Submission

What We Do

- Claim scrubbing & edits
- Electronic submission
- Payer-specific formatting
- Error correction & resubmission
- Real-time tracking

Value Delivered

- Higher clean claim rate
- Faster payer acceptance
- Improved cash flow
- Less administrative rework

Payment Posting

What We Do

- ERA (electronic remittance) posting
- EOB posting
- Account reconciliation
- Variance analysis
- Contractual adjustment review

Value Delivered

- **Financial accuracy**
- **Faster reconciliation**
- **Better payment visibility**
- **Improved audit readiness**

Denial Management

What We Do

- Denial analysis & categorization
- Appeals management
- Root-cause identification
- Preventive denial strategies
- Payer trend monitoring

Value Delivered

- Higher denial recovery
- Fewer recurring denials
- Improved net collections
- Preventive insight reporting

AR Follow-Up & Recovery

What We Do

- Insurance follow-up calls
- AR aging review
- Underpayment recovery
- Escalation management
- Balance resolution tracking

Value Delivered

- Reduced days in AR
- Higher collections recovery
- Faster reimbursements
- Healthier practice cash flow

Credentialing & Provider Enrollment

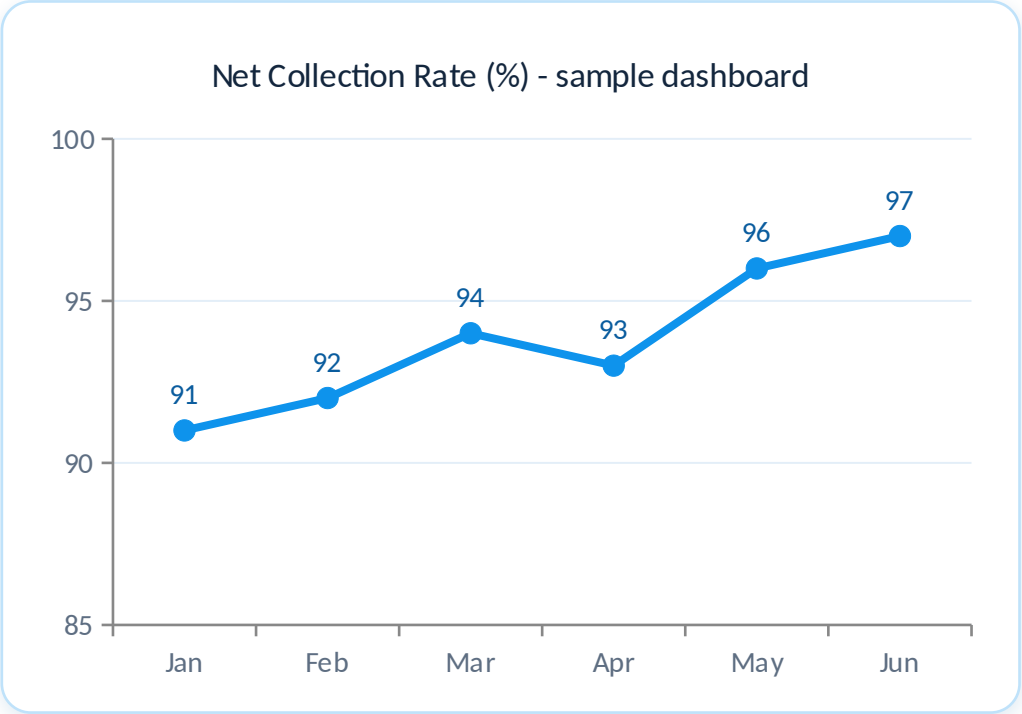
What We Do

- Initial credentialing
- Re-credentialing management
- Payer enrollment & contracting
- CAQH profile maintenance
- Status tracking & follow-up

Value Delivered

- **Faster payer participation**
- **Fewer enrollment delays**
- **Reimbursement readiness**
- **Minimal revenue disruption**

Reporting & Analytics



Revenue Dashboards

Real-time financial overview

Denial Analytics

Trends by payer and code

Collection Reporting

Net vs gross collections

Productivity Reports

Staff & process performance

Trend Analysis

Month-over-month comparisons

Additional Operational Support

Patient Registration
Accurate demographic & insurance capture

Scheduling Support
Appointment coordination & optimization

Patient Billing
Clear, accurate patient statements

Patient Collections
Compassionate balance resolution

Voice Assistance
Live agent support for your patients

Appointment Reminders
Automated outreach reduces no-shows

Inbound & Outbound Calls
Full call center support services



Your Full Back-Office Partner

Operational efficiency plus an enhanced patient experience, under one roof.

Performance Targets We Track

Claims	Collections	Accounts Receivable	Financial
98% Clean Claim Rate	**97%** Net Collection Rate	**<35** Days in AR	**35%** Less Revenue Leakage
95% First Pass Resolution	**99%** Gross Collection Rate	**<5%** AR Aging >90 Days	**28%** More Underpayment Recovery
<5% Denial Rate	**96%** Collection Efficiency	**94%** Recovery Rate	**22%** Reimbursement Uplift

Complimentary RCM Health Check

We Assess & Identify

- Revenue leakage opportunities
- Denial trends & root causes
- Workflow inefficiencies
- Coding optimization opportunities
- AR bottlenecks & aging analysis
- Process improvement areas

Your Deliverables

1. **Assessment Summary**
2. **Findings Report**
3. **Improvement Roadmap**
4. **Revenue Opportunity Analysis**

No obligation. No cost. Pure insight.

Benefits of Outsourcing Your Revenue Cycle

01 Reduced operational overhead

02 Lower staffing burden

03 Cost efficiency & predictability

04 Scalability without hiring

05 Access to specialized expertise

06 Improved collections performance

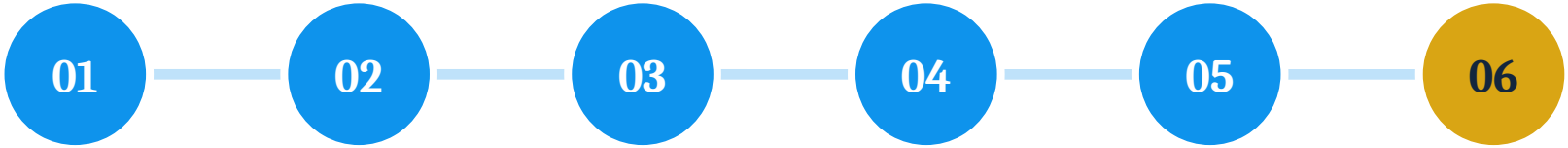
07 Faster reimbursements

08 Reduced denial rates

09 Better compliance management

10 More focus on patient care

Our Partnership Approach



Discovery Call

We learn your practice's unique needs and challenges

RCM Health Check

Complete assessment of your current revenue cycle

Opportunity Assessment

Identify revenue leakage, inefficiencies and quick wins

Implementation

Seamless onboarding with your team and systems

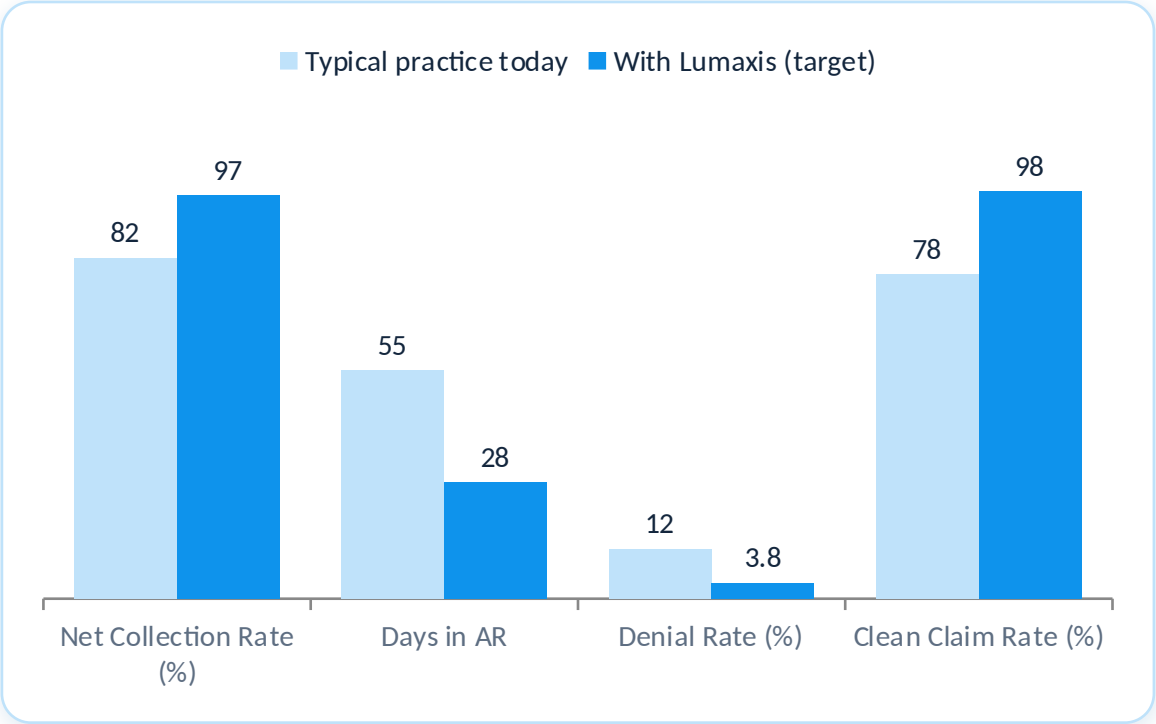
Optimization

Fine-tune processes based on performance data

Continuous Improvement

Ongoing reviews and performance enhancement

The Lumaxis Impact



- **Higher Collections**
- **Reduced Denials**
- **Faster Payments**
- **Better Visibility**
- **More Patient Time**

LUMAXIS
RCM

Let's Connect

Let's build a stronger, healthier and more profitable practice together.

Book your free RCM Health Check today

Get in touch

Email us

Mikej@lumaxisrcm.com

Visit our website

www.lumaxisrcm.com

Click the email or website to reach us

Clear Claims. Faster Revenue.