



ZIRMED[®] ELIGIBILITY VERIFICATION

Part of ZirMed's comprehensive revenue cycle management solution for healthcare

Eligible patient insurance coverage is the leading cause of claim rejections and denials by payers. ZirMed's Eligibility Verification solution provides the flexibility to determine patient coverage (including co-pays, deductibles, inpatient days used, and other pertinent benefit data) and make other payment arrangements available if necessary—prior to rendering services.

Eligibility Verification Features

Easy to Read

With most eligibility responses, like the ones you get when going to a payer's website, you receive a big, hard-to-interpret response. Our responses are customizable and designed to be easily read, putting the information that's most important at the top, highlighting it, and providing additional information below.

Automatic Patient Information Updates

We also check to see if any information submitted in the inquiry is different than what the payer has in their system. If it is, we automatically correct that information for you.

Batch Processing

Incredible time savings can be achieved by performing eligibility verification in batches. If your system supports it, we will connect to your practice management system nightly, read your scheduling file, and automatically run eligibility inquiries for the next day's patients.

Easy Payment Processing

When you couple our Eligibility solution with our ZPay solution, you get the ability to collect patient responsibility right from the inquiry. With the click of a button, you'll have the ability to take a credit card payment, an ACH payment directly from a patient's bank account, or log a cash payment.

DME Providers—Same or Similar Verification

The integrated same or similar function provides further information to help you determine whether the patient is eligible for reimbursement by Medicare.

Features and Benefits

- Verify patients' eligibility two ways: individually or by batch
- Enter each patient's information two ways: directly or by a swipe card
- Increase reimbursements
- Reduce the time your staff spends calling, faxing, and searching various payers to verify benefits
- Increase your cash collection because your staff can ask for co-payments up front
- Reduce bad debts and slow cash collections from HSA and high-deductible plans



THE ZIRMED ELIGIBILITY VERIFICATION ADVANTAGE

Simplicity

- ZirMed's Eligibility Verification solution offers real-time connectivity covering nearly all of the typical provider's patient mix.
- ZirMed's Eligibility Verification solution can be accessed by keyboard or a card-swipe device using any computer with internet access.

Our Eligibility solution not only sets you up to estimate and collect patient payments, but also reduces your overall rejection and denials - industry experts estimate that 8-10% of all denials are due to eligibility issues.

- All of our insurance responses are "normalized" in look and feel, resulting in a single easy-to-read format—regardless of payer—which may be saved and stored.
- Not only can you view your patients' coverage details when you integrate with our financial services, you can collect patient payments from the same screen.

Time Savings

- ZirMed's single interface shortens the patient check-in process by providing access to benefit information from hundreds of insurance companies in mere seconds.
- Our scheduled batch upload feature allows you to learn the status of coverage for patients days before their appointments.
- The easy-to-use integrated solution reduces FTE costs of calling, faxing, and online searching for benefits verifications at individual payers.
- Benefit responses are available, searchable, and archived on the ZirMed website.

Cost Savings

- Reduced rejections: Clients who verify benefits experience significantly fewer rejections as a result of incorrect demographic or plan information.
- ZirMed's automated Eligibility Verification solution has proven to deliver up to 75% cost savings over manually verifying coverage.

Flexibility

- Whether performing verifications individually or as an entire schedule at once, ZirMed has the workflow-adaptive solution that healthcare businesses need to increase front office efficiency and reduce preventable claim errors.
- ZirMed can even automatically download scheduled files each night, process the inquiries, and have all responses available at the start of the next day.

**READY TO TRANSFORM
YOUR FINANCIAL
AND CLINICAL PERFORM-
ANCE MANAGEMENT?
CONTACT ZIRMED TODAY
AT: 1-877-494-1032
WWW.ZIRMED.COM**

About ZirMed®

ZirMed empowers healthcare organizations to optimize revenue and population health with the nation's only comprehensive end-to-end platform of cloud-based financial and clinical performance management solutions—including claims and A/R management, charge integrity, patient access and engagement, population risk management, and cost and utilization. By combining breakthrough predictive analytics technology with innovative development and the industry's most advanced transactional network, ZirMed's award-winning solutions extract actionable insights that improve our clients' revenue cycles and support effective population health management—while streamlining workflows and increasing operating efficiencies. To learn how ZirMed can help your organization boost its financial and clinical performance, visit www.ZirMed.com.