

The fully automated solution that verifies insurance while you are helping patients.



Again and again, we hear how difficult it is to obtain good eligibility information at the point of patient registration. With so much going on, it's no wonder many patients leave the registration desk before their insurance information is checked. And when eligibility is not verified up front, more patient claims can be denied, payments can be slowed, and more claims will need to be re-worked.

VeriLink Insurance Verification provides a solution for this. VeriLink continually searches your system for patients in need of eligibility verification. Once found, within seconds, VeriLink determines the eligibility status and posts it back to your information system. You only need to find time to review the response! VeriLink: the technology is simple, yet the results are indisputable.

## Benefits -

- Automates the eligibility verification process, narrowing your staff's focus to exception management.
- Improves cash flow operations by validating coverage up-front, facilitating the collection of co-pays and deductibles at the time of service.
- Reduces exposure to uncompensated care by providing information that facilitates proactive management.
- Ensures effective dissemination of information by interfacing with the hospital network to provide important benefit notifications to all departments.
- Offers a secure audit trail of eligibility data and date-stamped verification information in the event of a payer audit or reimbursement challenge.

## Here's How it Works -

- Continually polls the patient admitting system for new admissions or registrations that require healthcare eligibility verification.
- Accesses the eligibility inquiry systems of major payers such as Medicare, Medicaid, Blue Cross, and large commercial payers in order to verify patient eligibility status.
- Updates the patient's account with information collected from the payer system and provides exception reports that note the discrepancies in eligibility, thereby freeing users to focus on potentially problematic situations.
- Re-verifies insurance eligibility coverage monthly for series patients receiving care over an extended time period.

*"By checking insurance information up front, the VeriLink system has allowed us to reduce the total number of claims that are rejected by payer, reducing the number of re-worked claims and accelerating the billing cycle."*

Teresa Spalding, Regional Director  
Oregon Business Offices, Providence Health System

Fewer phone calls,  
accurate intake  
information,  
easily understood  
data...it's your  
Provider Advantage.