

## Harmonious Medical Collections

"Improve Patient Relations while Increasing Revenue"

*Our process works in harmony with patients' human nature*

**[HarmoniousMedicalCollections.org](http://HarmoniousMedicalCollections.org)**

The ***California Association of Rural Health Clinics*** Endorses  
Our More Harmonious Way of Collecting Patient Balances





# Improve Patient Relations while Increasing Revenue

## Our philosophy

Patients are under enough pressure already. And with medical situations being so sensitive, patients prefer to work with people associated with their healing, rather than strangers. At Harmonious Medical Collections, we work as an extension of your staff. With a simple, flat-fee structure, we locate and communicate with patients in a manner that motivates them to get in touch for clarification, and to make their payments directly to you.

Most contingency agencies pay collectors on a heavily bonus-based structure — putting pressure on their collectors, leading to aggressive communications and inflexible demands for payment-in-full.

## What makes us different

- Patients always pay you directly
- Payment plans are available, which you specify
- Consolidated guarantor's balances – patients have one bill, in one place
- Our collection operators are salaried employees – not paid on commission-type bonus
- We service all accounts equally – unlike most contingency agencies
- Our focus is on the healthcare industry

***"You have completely changed our public relations for the better, and given us reporting tools no one else has."***

— CEO of a rural hospital

## Choose the right approach for you

You can have our team of kind, experienced collection counselors work as an extension of your staff

We present your patients with a 'local feel' when answering questions or arranging payment: we can assign specific counselors to your patients; our phone calls reflect your local area codes on Caller ID; our letters show your address to mail-in payments; and our counselors are available until 9pm (local time) weekdays and 3pm (local time) on Saturdays so we're always there for your patients.

Or members of your staff can receive patient calls – and we'll empower them with robust technology

Your staff can use our simple database to quickly see patients' current account status, payment histories, and associated billing codes. Administration can run detailed revenue reports en masse or by category, including: partial or full payments, arrangements made, recovered payer reimbursements, adjustments off, and accounts submitted or marked for Medicare bad debt reimbursement. You can also run reports by patient, department, time frame, account status, disposition, or a cross-section.

## Our services

- Missed insurance claim discovery
- Skip tracing to validate patients' current contact information
- Effective patient communication via phone and mail campaign, with attorney-written letters and credit reporting for more challenging accounts (at no additional charge)
- Medicare Bad Debt reimbursement compliance

***With our harmonious approach, we can double or triple net revenue from collections***

## Our industry-leading results

- Our services are all performed for a flat fee of a few dollars (approx. \$5.72) per billing code submitted
- Using our harmonious approach, we've been able to double or triple clients' net revenue from collections

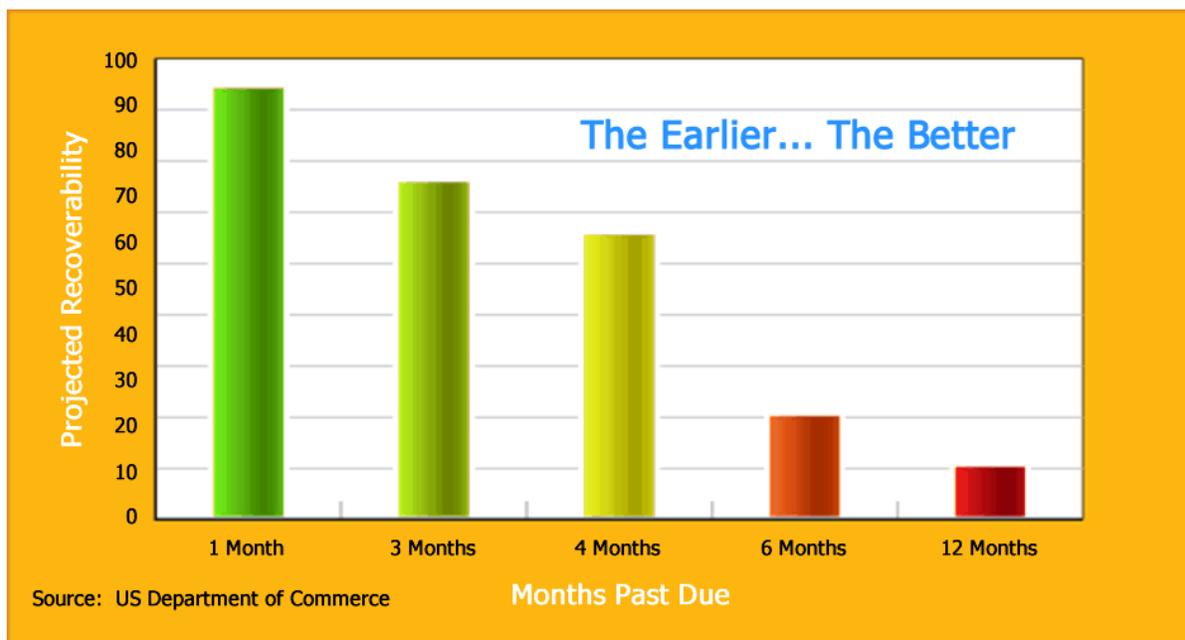
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## "About a third of the 43 million Americans with medical collections on their credit reports have otherwise flawless credit."

- According to a recent study by the Consumer Financial Protection Bureau

One reason revolves around patient confusion over what their insurance should cover. Our Audit letter brings any missed insurance coverage to the surface quickly, ensuring you maximize all available reimbursement opportunities.

Our process collects more revenue while nearly eliminating patient complaints from collections. This allows you to send accounts early, while maintaining patient relations:



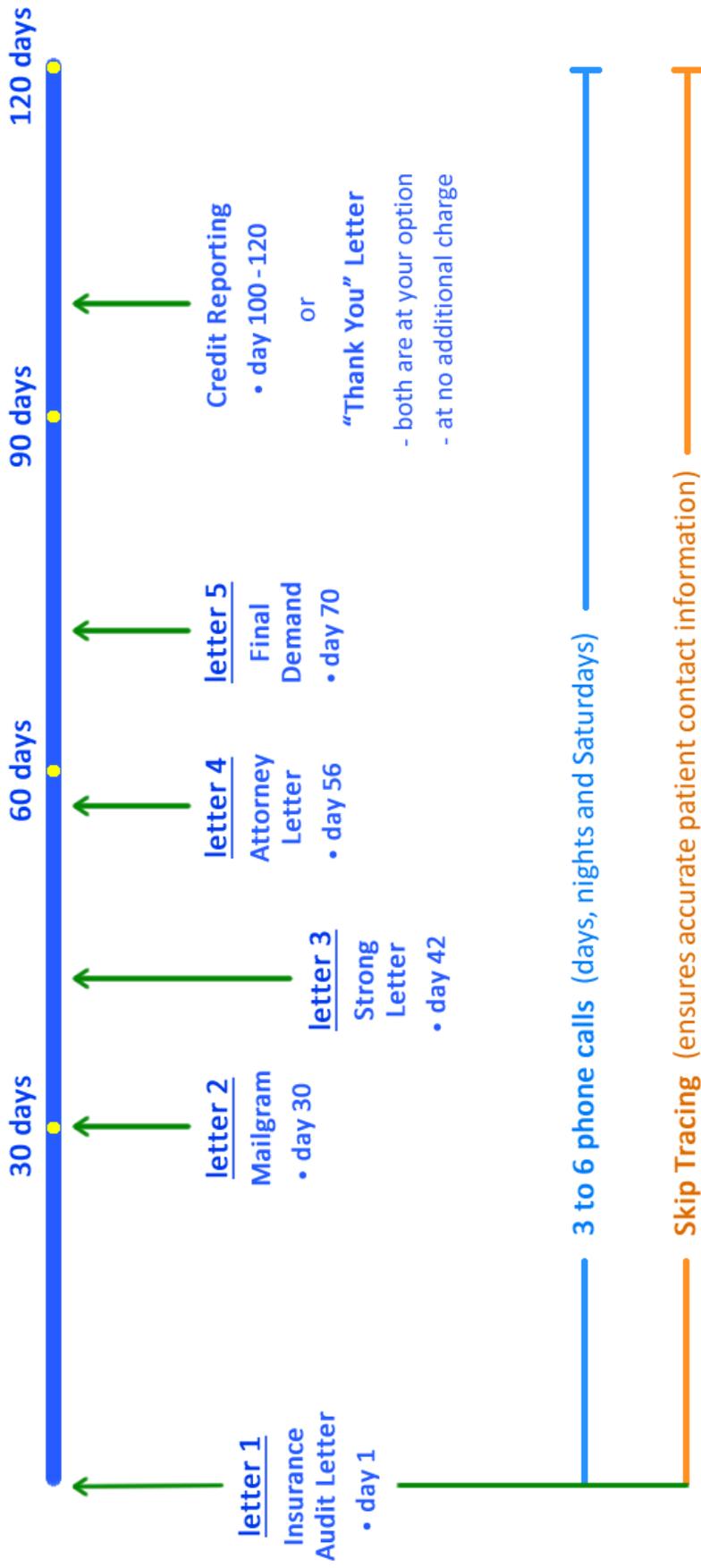
We use every available option to establish communicate with patients:

- Skip Tracing – this process ensures we have your patients' most accurate address and phone numbers.
- Phone Calls – 3 to 6 phone calls on days, nights and Saturdays – instructing patients to pay you directly.
- Four Letter Campaign – each letter is different; for example one comes like a telegram (mailgram).
- A "Local Feel" – our calls reflect your local area codes, and our letters have your payment address.
- Attorney Written Letter – on letter head, advising patients when credit reporting is imminent.
- Credit Reporting – if you wish, we credit report unpaid accounts to TransUnion, Equifax, and Experian.
- Thank You Letter – We send a *"Thank You"* letter on your behalf when patients have paid their bill.



# We Work as an Extension of Your Staff, Counseling Patients and Making Arrangements with Them to Pay Your Hospital or Clinic Directly

We use every available option to establish communication with patients



**HarmoniousMedicalCollections.org**

More Revenue · Better Patient Relations

## HarmoniousMedicalCollections.org – FAQ

### **“How does having patients pay our hospital or clinic directly, improve patient relations?”**

Patients are under enough pressure already. And with medical situations being so sensitive, they prefer to work with people associated with their healing, rather than strangers.

In contrast, contingency agencies pay collectors on a heavily bonus-based structure — putting pressure on their collectors. This pressure is translated to patients. For example, many contingency agencies demand patients make payment-in-full. So you have collectors, who are strangers, under pressure, demanding payment-in-full from your patients. This sets up a natural friction patients abhor. And when collectors may have a bad attitude, or simply don't care when patients have questions or confusion over billing, what you end up with is the recipe causing a majority of patient complaints in collections.

Remember, in their hearts, patients know they owe you for the healing you've done. Once motivated, they want to pay you directly. Sometimes lack of payment is a symptom of unanswered questions, or confusion over insurance or billing. For a small fee, we locate and communicate with patients in a manner which motivates them to get back in touch for any clarification, and to make arrangements to pay you directly. This is one of the ways our process works in harmony with patients' human nature.

Consider how often patients come in and pay your office once they've been motivated by collections. This speaks to how strongly patients prefer paying you, over a stranger. It's their natural instinct. Respecting their natural instinct, making payment plans available, and combining balances owed so it's easier for patients to manage and keep their arrangements, improves patient relations.

### **“How do you get compensated for your services, since there are no commissions involved?”**

Ours is a prepaid service. It's like buying vouchers (which we call 'claims') to have patient balances serviced through our process. We combine each patient's or guarantor's balances (in a given month), thereby reducing your cost per billing code to around \$5.72.

### **“How can staff quickly answer patients, who may call with questions on combined balances?”**

We provide your staff secure online access to instantly itemize combined balances. Your staff can search by patient name, our claim number, your billing code(s), or by social security number. Each combined balance is then displayed, with its billing codes (and their balances) itemized. Selecting any billing code shows its payment history. Your Administration can run more detailed revenue reports.

In addition, we can provide our internal reports down to an individual account level, including what letters we've sent and when, and when phone calls were made; even our internal notes from our phone conversations with your patients.

### **“Are you HIPAA Compliant?”**

Absolutely. Our Manhattan office's data security, and collection activities, are in complete compliance with all HIPAA, FDCPA, FCRA, and CFPB regulations.

Our online access for itemizing combined balances and Administration revenue reporting is hosted on the same servers which store Northrop Grumman medical records, and the state of Wyoming's Affordable Care Act platform. These secure servers are certified by the Federal Government annually.

### **“Why would we pay for something we can get for free?”**

Good question! There are some things about 'free' contingency services you may not be aware of.

Contrary to popular belief, contingency agencies don't work on all medical balances. They use '[scoring software](#)' (like [PriorityScore](#) from Experian) to pre-qualify which accounts are most profitable for them to pursue, then ignore the rest. Maximum profits for minimum effort is the basis of any commission-type mentality; and the entire contingency model is based on a commission mentality. Automated cherry-picking, using [scoring software](#), is now a core practice for nearly all contingency-based agencies.

That's why getting clear reporting from contingency agencies can be so hard. Their internal reporting tracks *everything* — yet the reporting you receive is likely opaque. Contingency agencies rarely allow clear reporting so you can see what's actually being done (or not being done) on your accounts.

For a small flat fee we ensure every account is serviced equally; as evidenced by our detailed reporting. Servicing every account equally is another reason we're able to recover up to triple your *net* revenue.

### **“Why should we pursue people who obviously can't afford to pay their medical bills?”**

According to recent data from the [Consumer Financial Protection Bureau](#), ["About a third of the 43 million Americans with medical collections on their credit reports have otherwise flawless credit."](#)<sup>1</sup>

Some patients are truly unable to pay their debt. However some are simply unwilling to pay. Some need clarification concerning insurance or billing. And some need time to make payments. The key is ensuring proper communication and motivation occurs, so these situations are brought to the surface.

<sup>1</sup> "Consumer credit reports: A study of medical and non-medical collections" - CFPB

### **“Is credit reporting mandatory?”**

No. Credit reporting is at the discretion of your Administration or Board of Directors.

### **“Do we need patients' Social Security Number for credit reporting?”**

No. Credit reporting a debt only requires a name, recent address, and an amount owed. However, you do need a full social security number in order to actually pull and see someone's credit report.

### **“What if there's a mistake in credit reporting?”**

The Federal laws governing credit reporting have established a clear and prompt path for resolving occasional errors in reporting: including the rapid e-OSCAR system, and procedures for permanent removal using the magnetic tapes we supply to repositories monthly.

### **“What do you say in your phone calls?”**

All our phone calls and letters instruct patients to get back in touch with us (or your staff if you prefer), and make arrangements to pay your office directly – or risk being credit reported.

**“What does your Attorney Written letter say?”**

Our Attorney Written letter does not compel your medical facility to any specific course of legal action. It's merely to add veracity to the fact that (at that point) credit reporting is imminent.

**“Do you ever 'park' debt on patient's credit reports?”**

*Never.* 'Parking' is the untenable practice of credit reporting balances, and never actually performing collections. We only report at the end of our process (unless letters are returned as undeliverable).

**“What if a balance should have been covered by insurance or a third-party payer?”**

Our first letter to patients is an 'Audit' letter, which brings third-party payer situations to the surface rapidly. When patients receive a collection agency letter asking if a balance should've been covered by insurance, we've found they respond swiftly. Patients who may ignore other billing notices move quickly when faced with credit reporting over a balance they think should have been covered by insurance.

Using our service early ensures you maximize all third-party reimbursement opportunities.

**“Do you collect from agencies?”**

Yes. We collect from governmental and other agencies, as well as businesses. Remember, credit reporting is factored into Dun & Bradstreet Ratings, as well as Experian Business Credit Reports.

**“How often do we get Progress Reports?”**

You can login to our secure online access 24 hours a day, 365 days a year to pull progress reports. Our internal reports, on an individual patient account level, are available during our normal business hours.

**“Do we get skip tracing results, to update our patients' contact information?”**

Yes. You have full access to our skip tracing results, as well as all of our internal notes on your accounts.

**“Are you a National collection firm; and how long have you been in business?”**

Yes, we operate in all 50 states, and have been in business 32 years. NCSPlus is owned and operated by the same principals who started the firm back in 1984 (however the principals did incorporate in 2006).

**“Do you guarantee your results?”**

Yes. We stand behind our service with a written guarantee. Ask for a copy when you contact us.

Please let us know if you have any further questions.

[HarmoniousMedicalCollections.org](http://HarmoniousMedicalCollections.org)

**(800) 441-6005 x3**