

# REMANENCE HEALTHCARE – COMPANY PROFILE

Discover **Remanence Healthcare**, a premier U.S. healthcare revenue cycle management (RCM) firm that was established in 2025 with a team of seasoned experts boasting **over 15 years of collective industry experience**. We empower healthcare providers to maximize their financial performance through precision billing, streamlined workflows, and unwavering compliance standards. Our strategic RCM support extends across the United States, serving diverse specialties including behavioral health, physical therapy, telehealth, and numerous other medical disciplines.

## CORE EXPERTISE

- Comprehensive end-to-end revenue cycle management solutions
- Specialized billing proficiency across 20+ medical specialties
- Sophisticated claims processing and proactive denial management
- Rigorous compliance protocols ensuring complete regulatory adherence

## PROVEN CLIENT IMPACT

Though newly established in 2025, Remanence Healthcare has already helped over 10 healthcare providers across the U.S. streamline their financial operations. Our early partnerships have consistently delivered a 15–30% increase in collections and reduced denial rates by up to 60%—all within the first six months of engagement.

## THE REMANENCE ADVANTAGE

At Remanence Healthcare, we seamlessly integrate deep industry expertise with innovative technology to create tailored RCM solutions. Our certified billing specialists function as a natural extension of your practice, managing everything from meticulous charge capture to efficient payment posting, while maintaining transparent communication throughout.

Recognizing that each healthcare practice faces unique challenges, we offer highly customizable service packages precisely designed to address specific financial obstacles while optimizing revenue potential and ensuring long-term success.

# COMPANY BACKGROUND & HISTORY

Remanence Healthcare was established in 2025 with a clear mission: to simplify revenue operations for healthcare providers, ensuring they spend less time on paperwork and more time on patient care.



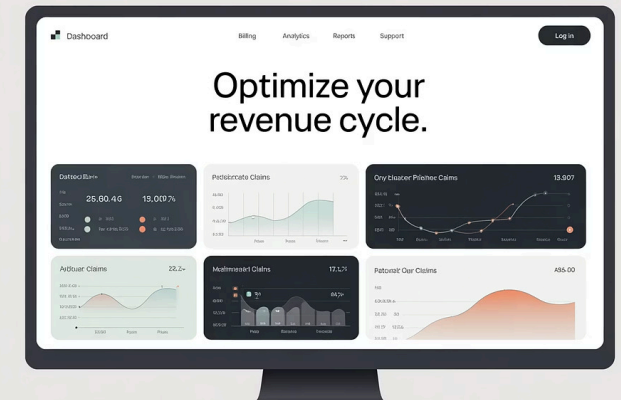
## OUR BEGINNINGS

Founded by a team of healthcare billing experts and technology innovators in 2025, we began with just 5 employees serving a handful of local practices. Headquartered in Jaipur, India, we've built a strong reputation serving U.S.-based healthcare providers.



## GROWTH & EXPANSION

Our commitment to excellence quickly earned us a reputation for reliable service. Today, our team has grown to over 20 certified billing specialists, coding experts, and healthcare finance professionals who collectively bring more than 100 years of industry experience.



## INNOVATION & ACHIEVEMENT

Our focus remains steadfast on delivering excellent U.S. medical billing, coding, AR follow-up, prior authorization, and denial management services to healthcare providers across America.

## TRANSFORMING THE HEALTHCARE REVENUE CYCLE

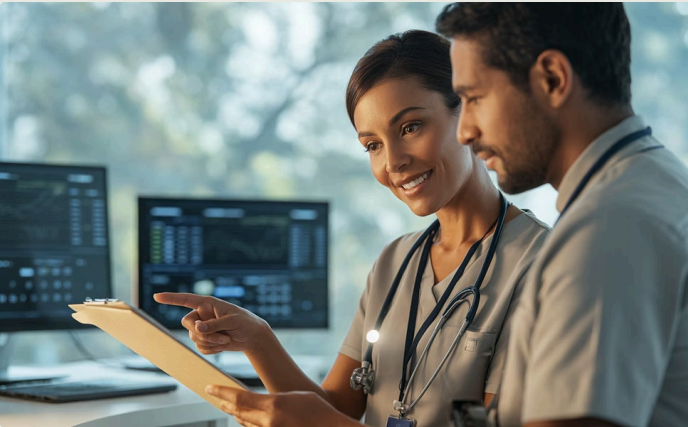
Our proprietary RCM technology platform and team of certified experts have enabled us to deliver an average 20% increase in net collections for our clients.

By automating tedious billing tasks, optimizing coding and compliance, and providing proactive AR follow-up, we empower our clients to focus on delivering exceptional patient care while we handle the back-office complexities.

As we continue to grow, we remain committed to our founding principles of integrity, innovation, and exceptional client service that have guided us from day one.

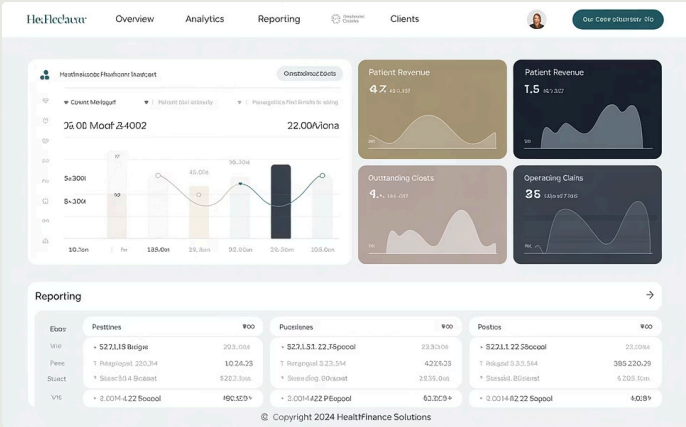
# MISSION, VISION & CORE VALUES

Our guiding principles define who we are and shape our approach to every client relationship. These foundational elements serve as our compass through the complex healthcare landscape.



## MISSION

To simplify medical billing so providers can focus on delivering quality care. We reduce administrative burden, minimize claim denials, and accelerate payment cycles to support practice growth.



## VISION

To become the most trusted revenue cycle management partner in healthcare, recognized for innovation, transparency, and outcomes. We envision providers achieving optimal financial performance with minimal administrative overhead, supported by our expertise and technology.



## CORE VALUES

- **Integrity:** Adhering to the highest ethical standards in all billing practices.
- **Transparency:** Providing complete visibility into financial performance.
- **Accountability:** Delivering measurable results through detailed reporting.
- **Client Partnership:** Treating each client's practice as our own business.
- **Excellence:** Continuously improving our processes and capabilities.
- **Innovation:** Embracing emerging technologies to maximize efficiency.
- **Compliance:** Ensuring adherence to all healthcare regulations.

These principles guide our operations and strategy, ensuring we remain a trusted partner for providers navigating the complexities of medical billing. These values have fueled our growth from startup to industry leader serving over 500 healthcare providers.



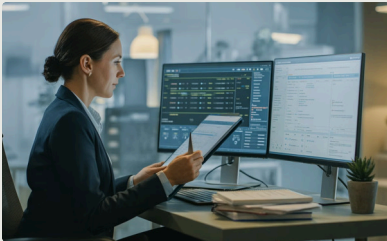
# PRODUCTS & SERVICES

Our end-to-end RCM solutions deliver 20-30% revenue improvements, tailored to each medical specialty and practice size:



## PATIENT ACCESS

- Real-time Eligibility Verification (98% accuracy)
- 72-hour Prior Authorization Processing
- Patient Financial Counseling with payment plans
- Quarterly Insurance Network Analysis
- AI-powered Scheduling reducing no-shows by 35%



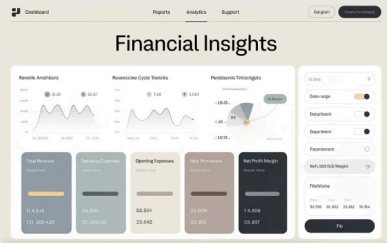
## CODING & CLAIMS

- Certified Medical Coding with 99.7% accuracy
- Same-day Charge Entry & Claims Submission
- Monthly Coding Audits & Compliance Reviews
- Proactive Documentation Improvement
- Specialty-Specific Coding Solutions



## REVENUE RECOVERY

- Aggressive 30/60/90-day AR Follow-up
- Denial Management with 85% overturn success
- Automated Underpayment Identification
- Complex Claims Resolution within 14 days
- Payer Contract Optimization



## FINANCIAL ANALYTICS

- 24/7 Access to Performance Dashboards
- Daily Revenue Cycle KPI Monitoring
- 90-day Predictive Cash Flow Analysis
- Quarterly Benchmarking Against Similar Practices
- ROI-Focused Reporting for improvement

Our RevenueMax™ platform integrates with all 32 major EHR/PM systems. We combine human expertise with AI automation to reduce claim processing time by 62% while maintaining 99.5% accuracy and full compliance.

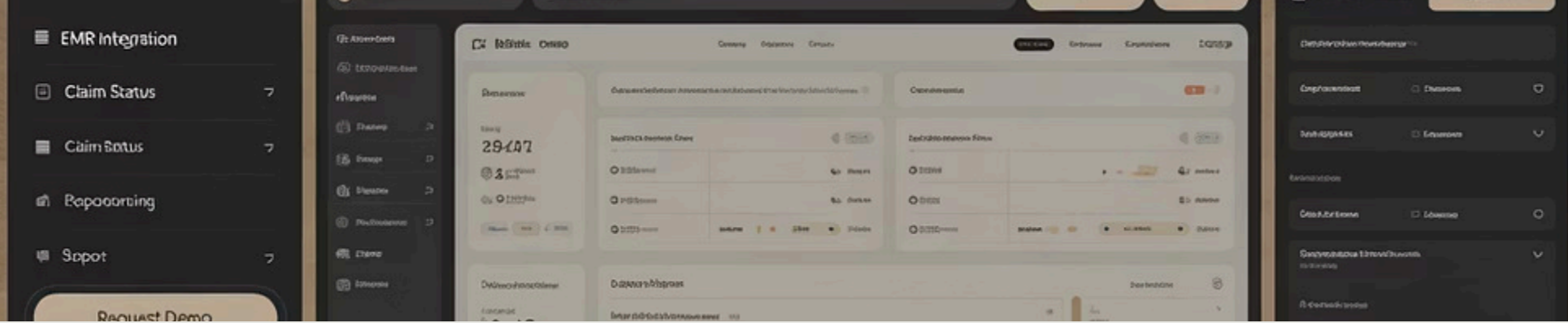
Specialized solutions for:

## MEDICAL SPECIALTIES

- Primary Care (22% avg. revenue increase)
- Cardiology & Cardiovascular Surgery
- Orthopedics & Sports Medicine
- Neurology & Neurosurgery
- Oncology & Hematology

## PRACTICE TYPES

- Solo Practitioners (under \$1M annual)
- Small-to-Medium Groups (2-15 providers)
- Large Medical Groups (16+ providers)
- Hospital-Owned Practices
- Multi-Specialty Clinics



# PROCESS INNOVATION & TECHNOLOGY



## EMR INTEGRATION

Seamlessly integrated with leading EMR systems including Kareo, Athena, AdvancedMD, Practice Fusion, and many more to ensure efficient workflow.



## HIPAA COMPLIANCE

Our systems and infrastructure are built with rigorous HIPAA compliance standards to ensure patient data security and privacy at all times.



## REAL-TIME TRACKING

Advanced eligibility verification and claim tracking tools that provide real-time insights into your practice's financial performance.



## AI-POWERED AUTOMATION

Intelligent automation for routine tasks including eligibility verification, payment posting, and denial detection, reducing manual processing by up to 80%.



## PREDICTIVE ANALYTICS

Machine learning algorithms that identify potential claim issues before submission and predict payment patterns to optimize revenue collection strategies.



## MOBILE ACCESSIBILITY

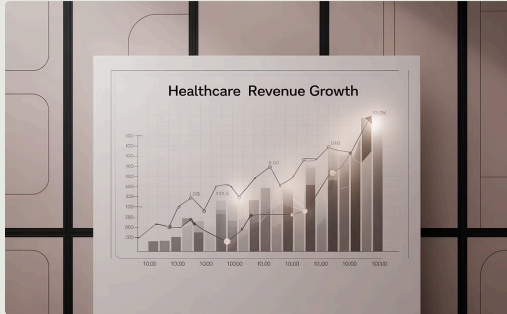
Secure mobile applications that allow healthcare providers to monitor practice performance, approve actions, and access reports from anywhere at any time.

Our proprietary technology platform represents over a decade of continuous development and refinement, designed specifically for healthcare revenue cycle management. By combining cutting-edge automation with human expertise, we deliver a hybrid approach that maximizes both efficiency and accuracy while adapting to the ever-changing healthcare billing landscape.

All Remanence systems undergo rigorous quarterly security audits and maintain 99.9% uptime, ensuring your revenue cycle operates without interruption. Our technology investments consistently deliver measurable ROI within the first 90 days of implementation.

# FINANCIAL STRENGTH & CLIENT ROI

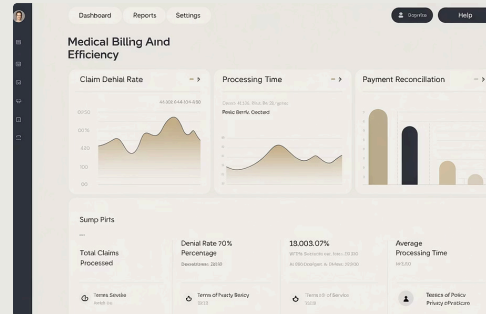
Our commitment to excellence translates into tangible financial improvements for our clients. We consistently deliver measurable outcomes that strengthen their bottom line and operational efficiency.



## PROVEN FINANCIAL RESULTS

With over a decade of industry experience, Remanence Healthcare has established a track record of financial stability and growth. Our clients see a 15-20% increase in collections within the first 90 days of partnership, with continued improvement over time.

- Clean Claim Rate: 98%+ (industry average below 85%)
- Collection Rate: 99.7% on approved claims
- Average ROI Ratio: 3.2x



## OPERATIONAL EFFICIENCY

Our specialized focus on healthcare revenue cycle management enables us to optimize financial performance across various practice types and specialties.

- 30-50% faster AR turnaround
- 60% cost savings compared to in-house billing
- Reduced days in AR from industry average of 40+ days



## CASE STUDY SUCCESS

Our approach delivers measurable results across different practice types:

- A 12-physician cardiology practice increased monthly collections by \$85,000 after just 6 months
- A regional orthopedic group reduced claim denials by 37% and increased net collections by 22%
- A multi-specialty clinic decreased days in AR from 45 to 28 days while reducing billing staff costs



## FINANCIAL TRANSPARENCY

Unlike many competitors, we provide detailed monthly performance metrics that clearly demonstrate your return on investment. Our performance-based fee structure aligns our incentives with your practice's financial success.

- Comprehensive collections analysis by provider and payer
- Denial tracking with root cause identification
- Outstanding AR aging with focused resolution strategies
- Provider productivity and revenue contribution metrics

# LEADERSHIP & COMPETITIVE ADVANTAGE



## EXPERIENCED LEADERSHIP

Our leadership team combines extensive experience in U.S. payer systems with offshore process optimization expertise. With an average of 15+ years in healthcare revenue cycle management, our executives have navigated the evolving landscape of medical billing regulations, technology changes, and payer requirements.



## STRATEGIC APPROACH

Remanence Healthcare's strategy focuses on continuous process improvement and technology adoption. We constantly evaluate and refine our methodologies to stay ahead of industry changes, ensuring our clients benefit from cutting-edge solutions without disruption to their practice operations.



## OUR COMPETITIVE EDGE

We differentiate through deep U.S. healthcare billing expertise, scalable support teams, ethical billing practices, dedicated account managers, advanced analytics, proprietary workflow solutions, continuous staff education, and multilevel quality assurance protocols.



## COMPLIANCE EXCELLENCE

In today's complex regulatory environment, our rigorous compliance standards set us apart. We maintain HIPAA certification, conduct regular internal audits, and stay current with evolving healthcare legislation to protect your practice while maximizing legitimate reimbursement opportunities.

Our combination of industry expertise, technological innovation, and client-centered approach creates a powerful advantage for healthcare providers seeking to optimize their revenue cycle management. We don't just process claims – we build strategic partnerships designed to enhance your practice's financial health and operational efficiency.



# CONCLUSION & FUTURE OUTLOOK

As the U.S. healthcare system continues to grow more complex, Remanence Healthcare remains committed to being the reliable, adaptable billing partner practices can count on.

The healthcare landscape is rapidly evolving with value-based care models, increasing patient financial responsibility, and ever-changing regulatory requirements. Our advanced technology infrastructure is specifically designed to adapt to these shifts, ensuring your practice never falls behind.

With our 15 years of experience, technology-driven systems, and people-first values, we are **well-positioned to support providers** through every billing challenge—now and in the future.

Our commitment to your success extends beyond basic revenue cycle management. We continuously invest in staff training, technology upgrades, and process refinements to deliver exceptional results that grow with your practice.

By partnering with Remanence Healthcare, you gain more than a billing service—you secure a strategic ally dedicated to maximizing your financial performance while allowing you to focus on what matters most: patient care.

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