PEAK
REVENUE MANAGEMENT LLC

7 STAFF MISTAKES THAT ARE COSTING YOUR PRACTICE MONEY

You didn't go to school to run a billing department.

YOU DIDN'T GO TO SCHOOL TO **RUN A BILLING DEPARTMENT**

You went to be great at your craft, to see patients, help people, and build something of your own. But somewhere between the clinical work and the insurance paperwork, the money stopped making sense.

You're busy. You're billing. And you still feel like you should be making more.

Here's the hard truth: in most cases, it's not your clinical work that's the problem. It's what's happening on your front end, and it's costing you far more than you realize.

87%
of denials never get worked industry-wide

<2%
revenue loss rate at Peak Revenue Management

$100K+
in AR recovered for clients who thought they were fine

The good news? These mistakes are fixable.

But first, you have to know what you're looking for.

THE **7 MISTAKES**

1

FRONT STAFF DOESN'T KNOW HOW THEIR JOB CONNECTS TO YOUR REVENUE

Your front desk team is one of the most financially important parts of your practice, but most of them have no idea. When they don't understand why their role matters to the bottom line, things get sloppy: incomplete intake forms, missed steps, and a general sense that billing is "someone else's job." Every patient interaction from the first phone call forward is part of your revenue cycle.

What this costs you: Untrained front staff creates a domino effect: claims get delayed, denied, or underpaid before billing even begins.

2

PATIENT DEMOGRAPHIC INFORMATION IS INCOMPLETE OR WRONG

Name spelled wrong. Insurance ID miskeyed. Date of birth off by one digit. These seem like small errors, and they are. But small errors cause claims to reject instantly, and rejected claims take time to fix, resubmit, and chase. When patient demographics aren't captured correctly the first time, you're paying staff to do the same work twice.

What this costs you: A single bad piece of demographic data can delay payment by weeks, or kill a claim entirely.

3

BENEFITS AREN'T VERIFIED BEFORE THE APPOINTMENT

Checking benefits takes a few minutes. Not checking them can cost you hundreds. If your team isn't verifying insurance coverage before the patient walks in, you're flying blind, and you may be providing services that won't be covered at all. Worse, you're finding out after the fact, when it's too late to course correct.

What this costs you: Seeing a patient whose insurance lapsed, has a high deductible, or requires prior authorization, without knowing it, means the service may never get paid.

4

MONEY ISN'T COLLECTED AT THE TIME OF SERVICE

When a claim gets denied, that's not the end of the story, it's the beginning of the work. But most practices don't have the knowledge, the time, or the systems to fight back. So the denial sits. Then it ages out. Then the money is gone. Working denials requires knowing why they were denied, what documentation is needed, and exactly how to respond.

What this costs you: Every dollar not collected at time-of-service costs you additional effort, and some of that money never comes back.

5

DENIED CLAIMS ARE IGNORED

Copays, deductibles, balances. If your team isn't collecting these at the visit, you're now a collections department. Chasing patient payments after the fact is expensive, time-consuming, and often unsuccessful. Patients are far more willing to pay when they're standing at the front desk than when they receive a bill three months later.

What this costs you: Every dollar not collected at time-of-service costs you additional effort, and some of that money never comes back.

6

REVENUE CYCLE PROCESSES ARE INCONSISTENT

If there's no consistent process for submitting claims, sending statements, and following up on unpaid balances, things fall through the cracks. What could have been a manageable $100 monthly bill becomes a shocking $1,100 surprise, and suddenly your patient isn't returning your calls. Inconsistent processes don't just cost money. They damage patient relationships.

What this costs you: A $1,100 surprise bill doesn't just create a collections problem. It creates a patient who avoids you, especially in mental health, where financial stress can directly interfere with the care they're receiving.

7

YOUR BILLING SOFTWARE IS SET UP WRONG OR NOT SET UP AT ALL

Billing software is powerful when it's configured correctly. Most practices assume it works right out of the box. It doesn't. If nobody has built it out properly, the right codes, the right workflows, the right automations, you're doing manually what should be streamlined. And if it's wrong, it's not just slow. It's costing you accuracy, compliance, and time.

What this costs you: A poorly configured billing system can mean months of claims going out incorrectly before anyone notices, and by then, the damage is significant.

THEY DIDN'T KNOW WHAT **THEY DIDN'T KNOW**

None of the practices making these mistakes are doing it on purpose. They went to school to be excellent clinicians, not billing specialists, not revenue cycle managers, not credentialing experts.

But you can be great at your job and still leave a significant amount of money on the table. In fact, most of the practices we work with are doing exactly that: working hard, seeing patients, and wondering why the math isn't working out.

The answer is almost always on the back end. And once you know where to look, it's fixable.

> "Every client you see, every interaction should result in a payment to the office. That's the goal, and we know how to get you there."
>
> **— Peak Revenue Management**

HOW WE FIX THIS
ALL UNDER ONE ROOF

We don't just handle billing. We come in and look at the whole picture because that's the only way to actually solve the problem.

AUDIT

We review your billing, accounts receivable, and systems to find exactly where revenue is being lost. We've uncovered $100,000+ in recoverable AR for practices that thought their numbers were fine.

CREDENTIALING

We make sure your providers are correctly credentialed with the right networks, so you're getting paid for every patient you're authorized to see.

STAFF TRAINING

We train your front-end team so they understand their role in the revenue cycle and know exactly what to do to support it from day one.

MEDICAL BILLING

We handle billing, work every denial, and follow up on every unpaid claim with a revenue loss rate under 2%.

BUSINESS DEVELOPMENT

We train your front-end team so they understand their role in the revenue cycle and know exactly what to do to support it from day one.

THE DIFFERENCE

Most billing companies just submit claims. We audit, train, credential, bill, and develop because your revenue depends on all of it working together.

READY TO FIND

YOUR MISSING REVENUE?

Peak Revenue Management handles billing, credentialing, auditing, staff training, and business development so every patient visit turns into the revenue it should.

Request a free consultation at peakrevenuemanagement.com