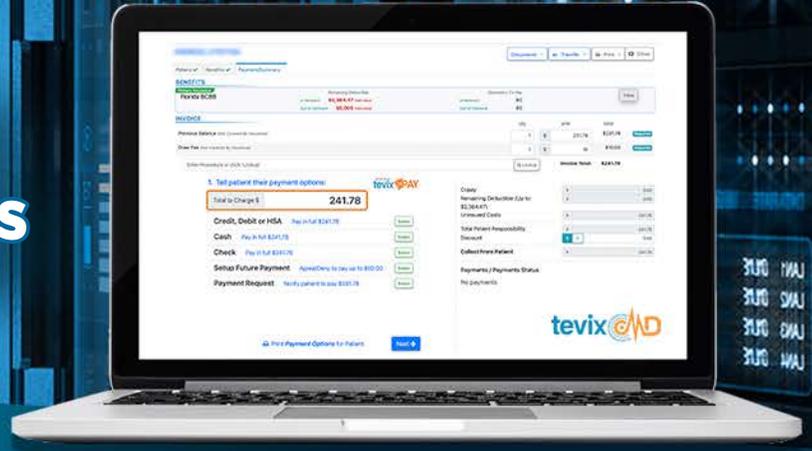


Turn Your Patient Data Into Payments



Reduce Claim Objections
Minimize Claim Denials
Eliminate Returned Mail

tevixMD is the only patented patient validation platform with automated one-screen solutions across your workflow. It enables you to minimize claim rejections & denials, keep errors out of your billing system and improve operational efficiencies.

Having "one source of truth" for error-free and up-to-date patient data along your entire workflow is imperative for effective claim denial prevention, nearly eliminating returned mail and achieving a more streamline workflow.

With tevixMD, tasks are quicker, simpler and accurate the first time.

Real-Time Claim Scrubbing & Patient Validation

tevixMD's patented search algorithms deliver the most accurate and up-to-date eligibility, identity and address validation on the market, with real-time availability across your workflow.

Front Office: Before or at time of service

Back Office: At billing/claim prep

Batch: Validate thousands of records at once

Seamless Data Integration

What good is accurate patient data if it's not stored in your existing system? tevixMD delivers:

Within Your Billing Screen: tevix INTEGRATOR seamlessly embeds our superior validation functionality directly into your billing system.

1-Click Data Transfer: tevix Transfer-Agent offers 1-click transfer of verified data directly into your systems (EMR, billing, order entry, etc.).

API: custom data delivery to your in-house apps.

Take Advantage of a
Complimentary Proof-of-Concept

Allow us to show our solutions with your data set

www.tevixMD.com

inquiry@tevixMD.com

tevixMD Client Results & Testimonials



Our clients are achieving dramatic improvements in their cash flow, claim rejections, productivity and more.



"We use it across the board, on the front and back-end. My billing team loves it!"

-- Kate Frazer
Revenue Cycle Manager, Univ of Nebraska Medical Center

"Did you see those numbers?... We are seeing a 50% reduction in both patient information errors and insurance denials using tevixMD services."

-- Connie Bratton
Patient Services Manager, The Medical Foundation

CASE STUDY

Magnolia Diagnostics



The Challenge

Magnolia, a specialized clinical laboratory was experiencing an approximate 30% error rate on Covid claims and eligibility validation for assisted living centers.

The Solution

They initiated consistent use of tevixMD's PAS System and Medicare Beneficiary ID (MBI) Lookup Tool to their workflow to validate eligibility and, where applicable, to find patient MBIs.

The Results

- ✓ Error rate reduced to < 5% immediately
- ✓ MBI discovered on 71% of transactions
- ✓ Eligibility hit rate (insurance found) increased from 68% to 80%

COMMON CLIENT RESULTS

Using tevixMD for every patient

52% Reduced Claim Denials

78% Reduced Errors

31% Reduced Claim Prep Time

28% Reduced DSO

56% Reduced Claim Re-Work

"Tevix has been amazing! We've been using it on the front-end accessioning and have reduced our error rate from ~30% to <5%. It's a phenomenal product."

-- John B.
Magnolia Diagnostics