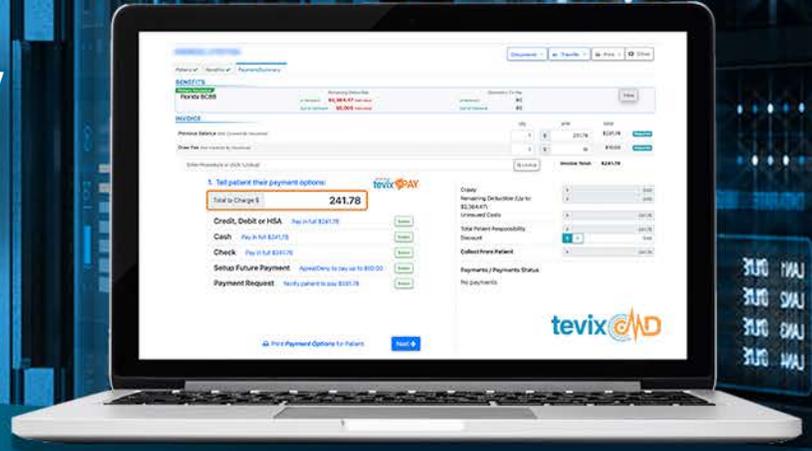




# Here's what a truly efficient workflow looks like...



- 78% Fewer Data Errors
- 31% Less Claim-Prep Time
- 56% Reduced Claim Re-Work
- Nearly No Returned Mail

tevizMD is the only patented patient validation platform with automated one-screen solutions across your workflow. It enables you to avoid rejections in the first place, and eliminate excessive waste of staff, time and expense chasing patient information.

Having "one source of truth" for error-free and up-to-date patient data is imperative for effective claim denial prevention and a streamlined workflow.

**With tevizMD, you free up staff and tasks are quicker, simpler and accurate the first time.**

## Real-Time Claim Scrubbing & Patient Validation

tevizMD'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? tevizMD delivers:

- Within Your Billing Screen:** teviz INTEGRATOR seamlessly embeds our superior validation functionality directly into your billing system.
- 1-Click Data Transfer:** teviz 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.tevizMD.com](http://www.tevizMD.com)

[inquiry@tevizMD.com](mailto:inquiry@tevizMD.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