

Service & Commitment... with a Human Touch

Think of all the reasons you entered the healthcare profession. Chances are good that your list does not include such things as cash flow management, claims adjudication, or financial analysis.

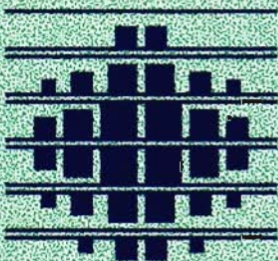
Yet, even a single doctor practice has a business side that most practices find unwieldy and burdensome. Multi-doctor practices can be even more complicated, requiring constant attention to administrative and financial matters.

If you're like most healthcare professionals, you'd prefer to spend less time dealing with the business side of your practice and more time caring for your patients. That's where we can help.

We are a full service Billing Center, specializing in providing practice management solutions for healthcare professionals. What sets us apart from other companies in the industry is our knack for applying the human touch to the services we provide.

We provide complete electronic claims processing, automated patient billing, and patient communication services to practices, just like yours, that want the benefits of automation but do not want the expense of purchasing and maintaining a computer in their office.

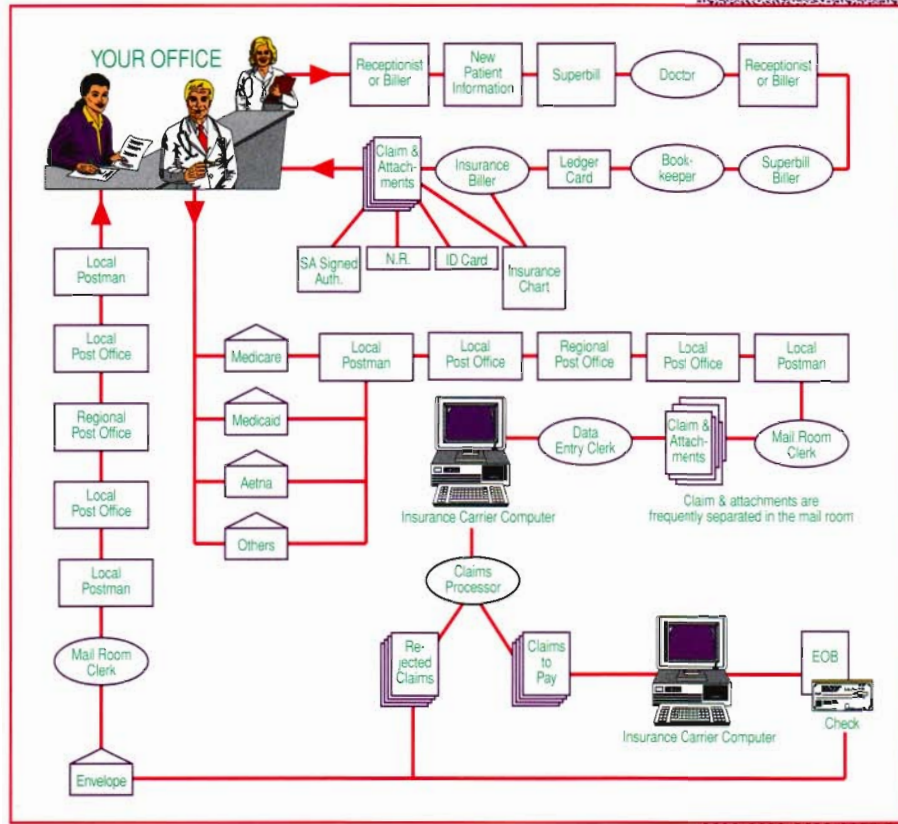
We want you to begin experiencing the benefits of leading-edge technology today. Read on and learn about the difference we can make in your practice... service and commitment with a human touch.



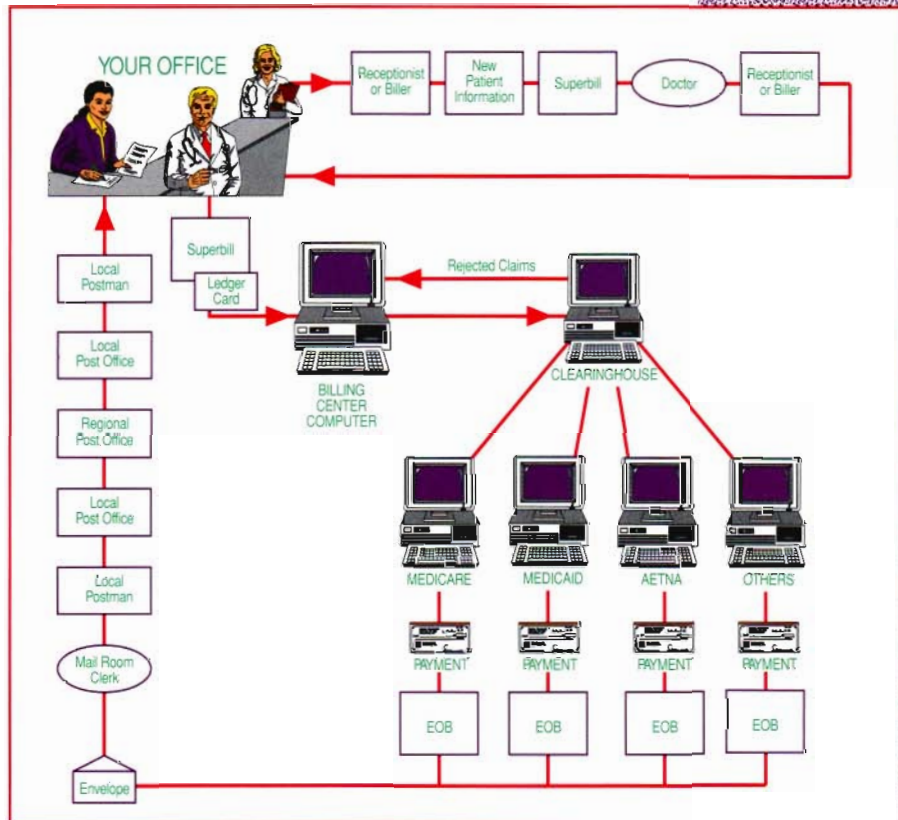
**INTERNATIONAL
COMPUTER
SOLUTIONS, INC.**

Life of an Insurance Claim

Filing your claims on paper can take 60 to 90 days for payment to reach you... and there is a 1 in 3 chance that you will have to resubmit the claim due to errors.



Filing your claims electronically can reduce by half EOB and payment turnaround time and resubmissions due to errors are all but eliminated by on-line edits!



Electronic Claims Submission

WE WILL...

- Collect claim information from your practice (typically the patient profile and superbill) on a daily, semi-weekly, or weekly basis via personal visit, facsimile, or courier whichever you choose.
- Immediately enter the claim information into our computer.
- Transmit the claims electronically.
- Provide you with a report, on demand, showing each claim that was filed and the status of the claim.
- Follow-up on any claims where you have not received an EOB from the carrier within three weeks.

ALL YOU NEED TO DO IS...

- Provide our company with all information necessary to prepare and file the claims.
- Notify our company when the EOB and payment has been received so that we can update our claims tracking information.

Patient Billing

WE WILL...

- Collect insurance payment and patient payment information from the practice prior to preparing the statements.
- Update the claim status and payment information.
- At an agreed upon time each month, we will process the statements and mail them to the patients.
- We will provide you with an accounts receivable report showing the status of each patient account and the current balance due.

ALL YOU NEED TO DO IS...

- Provide us with all payment and adjustment information, including discounts and write-offs.

Additional Services

WE CAN PROVIDE YOU WITH THE FOLLOWING ADDITIONAL SERVICES...

- Practice management consulting
- Produce accounts receivable aging reports based on your criteria for collection purposes
- Print and mail payment request letters for overdue account balances
- Print and mail personalized correspondence to selected patients
- Print and mail recall cards reminding patients of upcoming appointments
- Print and mail notices to all or selected patients

We Use Leading Edge Products

As an authorized ICS Billing Center, we use state-of-the-art software products developed and supported by International Computer Solutions – a leader in Healthcare Information Systems since 1985.

AILEDGE™

AIEdge™ is the nation's leading automated patient billing package for healthcare professionals. This innovative software program is a complete billing and receivables management system. **AIEdge™** can work as a stand-alone system or can be used as the centerpiece for additional ICS programs such as **AcClaim from ICS™**, **LetterMaker™**, **Collect™**, **Recall™**, and **Refer™**.



AcCLAIM from ICS™

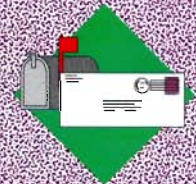
AcClaim from ICS™ is an innovative new software program that was designed to reduce the ever-increasing paperwork associated with filing and tracking insurance claims in healthcare practices. Today, more than ever before, there is increased pressure from government agencies and insurance companies to streamline the claims processing system. **AcClaim** has been specifically designed for that purpose.

In simplifying claims preparation and submission, **AcClaim from ICS™** offers a number of tremendous advantages: improved cash flow, reduced errors in claims submission, faster EOB turnaround, and better overall practice management. **AcClaim** can be used as a stand-alone program or can be used seamlessly in conjunction with **AIEdge™**, our electronic patient billing software.



LETTERMAKER™

LetterMaker™ was designed to help facilitate correspondence with patients. From patient reminders about healthcare procedures to referral letters to memos, **LetterMaker™** makes letter writing fast and easy.



COLLECT™

Collect™ was developed to help your practice become more efficient in the area of collections. In a busy practice, collections sometimes takes a back seat to meeting the immediate needs of patients. But without solid collection procedures, your operation could come grinding to a halt. **Collect™** simplifies and organizes those procedures and keeps your staff operating efficiently.



RECALL™

Recall™ is a system that makes sure that patients come back for follow-up visits. It lets your practice quickly and accurately schedule all patients who require return visits. With only a few keystrokes, you can print recall postcards for those patients requiring a return visit.



REFER™

Refer™ was created as a tool to help you track patient referrals on an incoming and outgoing basis. At a glance, you'll be able to see which patients were referred to the practice and by whom, or which patients you have referred to another practice.



Why Use Our Services?

IMPROVE CASH FLOW

Electronic insurance submission and tracking provides for faster and more accurate claims submission, reducing EOB turnaround by more than 50%, allowing for quicker payment, secondary filing, and patient billing. Automated patient billing and tracking helps keep your accounts current.

REDUCE COSTS

Skip the expense associated with purchasing forms, stuffing envelopes, and paying postage. On-line edits eliminate non-productive personnel time resulting from submission errors and refileing.

INCREASE EFFICIENCY

Remove the burden of insurance filing and tracking from your staff, giving them more time to care for patients. We will provide you with complete audit-edit and tracking reports.

Automated patient billing can free up even more of your practice's resources by eliminating the time spent balancing accounts and producing statements. Comprehensive, yet simple to read self-mailing statements eliminate calls from unhappy patients who are questioning the amount billed. Self-addressed remittance envelopes provide your patients with a convenient means of sending in their payments.

IMPROVE COMMUNICATIONS

We can supply you with complete management reporting, allowing you to better communicate financial and production information with doctors, staff members, insurance carriers, accountants, and other business partners.

Our mail merge services allow you to easily communicate with your patients and business partners – including referral sources – with personalized correspondence. We can even produce automatic recall notices from information you provide.

KEEP UP WITH MEDICARE AND HEALTH CARE REFORM

The government is attempting to balance the budget on the backs of today's healthcare provider. And Health Care Reform, any flavor, will only increase that burden. We work constantly to stay on top of the changes mandated by the government and insurance industry. Universal changes in formats or coding are incorporated into the software and edits, preventing claims from being filed incorrectly after changes are made.

BACKING OF A LEADER

In processing your claims and managing your accounts, we use state-of-the-art software from International Computer Solutions, Inc. (ICS), an Atlanta-based company which has been providing practice management and electronic claims processing solutions to healthcare professionals since 1985. More than 3000 healthcare professionals – physicians and dentists – have used ICS products and services to meet their practice's needs.

ICS continuously develops and maintains the software we use, to make sure that it meets the requirements mandated by the government and private insurance companies. ICS provides our center with product and claims support, making sure that your claims are properly handled and forwarded to the carrier in a timely manner.

Our Commitment to You

AS YOUR ELECTRONIC CLAIMS SUBMISSION SOLUTION, WE WILL...

- ✔ Promptly enter your claims into our computer and transmit them to the carrier.
- ✔ Immediately notify you of any claims that were rejected, regardless of reason.
- ✔ Immediately retransmit any claims that were rejected due to errors on our part.
- ✔ Immediately correct and refile any rejected claims upon receipt of corrected information.
- ✔ Provide you with copies of all transmission reports for your claims.
- ✔ After 3 weeks, follow-up on all claims on which you have not received an EOB from the carrier.
- ✔ Be persistent with the carrier about sending you the EOB's.
- ✔ Immediately update your claim information upon receipt of a copy of the EOB from your office.
- ✔ Provide you with copies of all tracking reports for your claims.
- ✔ Make a representative of our company available, at least once a month, to review claim status.

AS YOUR PATIENT BILLING SOLUTION, WE WILL...

- ✔ Generate, print, and mail statements on the day of the month that you select.
- ✔ Provide accounts receivable and collection reports to you immediately after mailing the statements.
- ✔ Work with your staff to accurately maintain patient account information.

AS YOUR PARTNER IN BUSINESS, WE WILL...

- ✔ Work with your staff, not against them.
- ✔ Be consistent and punctual in all services that we provide.
- ✔ Be professional at all times when dealing with your staff and patients.
- ✔ Be diligent in all matters, especially tracking, follow-up, and maintenance.
- ✔ **Keep all information about your practice and your patients in the strictest, most secure confidence.**

Confidentiality Statement

Our work will bring us in contact with patient records and information and place us in a position to know about patient case histories. Any information that we see or hear concerning a patient's diagnosis, condition, treatment, and/or financial status is strictly confidential.

A patient's right to privacy is respected by medical ethics and protected by law. Patients desiring privacy are granted privacy. Discussing the presence of a particular patient of any doctor may be a violation of that right to privacy.

For this reason, we are not to discuss, either inside or outside the doctor's office, the identity or condition of any patient. We may discuss such information only with personnel of the doctor and as part of our performance of submitting health care insurance claims and patient statements.

We understand and agree to abide by the above policy.

For more information, contact: