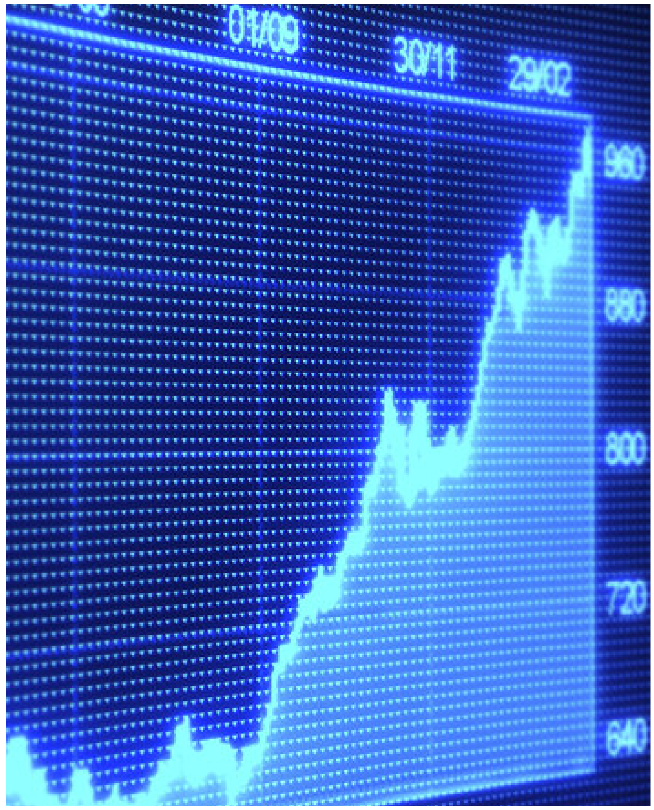
Improve Your Productivity, Workflow and Cash Flow — Automatically.

Xtend's Automated Follow-Up is the technological solution that healthcare organizations have been waiting for — one that will revolutionize the way you work and optimize your productivity.



As its name promises, Automated Follow-Up automates collection follow-up processes, enabling you to identify the status of outstanding claims with unprecedented speed. Instead of requiring 3-5 minutes to determine the status of each claim manually, Automated Follow-Up can status as many as 50 accounts per minute. In fact, you can capture more information in one day than a typical business office gathers in an entire month.

Through Automated Follow-Up, you can:

- Significantly raise staff productivity by reviewing all accounts electronically instead of piecemeal
- Focus staff only on accounts that require manual intervention to be resolved
- Reconcile 100% of your claims to your most significant payers
- Identify any claims lost by payers or not submitted by your billing system
- Identify all outstanding balances by aging or dollar amounts from applicable payers
- Automatically organize your workflow to meet Best Practice standards
- Know the status of your accounts as they come due for follow-up
- Reduce A/R days and improve your cash flow
- Reduce/eliminate timely filing

Xtend Healthcare Advanced Revenue Solutions

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How Automated Follow-Up Sets a New Standard in Receivables Management

With our proprietary technology, we format your data and submit files electronically to all applicable payers via a secure web portal. (And because we use reports from your Health Information System, not your billing software, we capture ALL amounts due from third-party payers.)

Then, we verify the status of each account, including which accounts:

- are set for payment
- have been denied (with detailed reasons)
- are not on file with the payer

Automated Follow-up organizes claim status results into logical groupings based on the next action steps required and reports them to you. The system also offers the flexibility to provide reports in a variety of formats, such as Microsoft Excel, that can be integrated into your workflow solution.

In an average facility, more than one-third of the accounts are already set for payment. Because account representatives no longer have to devote valuable time to verifying account status, they can focus on the accounts that truly need follow-up — sending "no claim on file" cases to a re-bill process, appealing denials, and pushing "partial paid" claims to the correct parties for resolution. ***Our clients typically report that they save 80% of the time that previously went into verifying account status.***

Our technology means you no longer have to depend on the outdated transaction set process. In contrast to 276/277 transaction sets, Xtend Automated Follow-Up provides complete information in a consistent format. Because you can review data available from payer websites, you have access to more information than 276/277 transaction sets can provide, and you can select the most essential data elements to be reported.

Automated Follow-Up also enables you to better organize your staff workflow. We can feed valuable account information directly into your workflow tool (or even provide a workflow solution).

Take Advantage of a Proven Solution

Xtend's Automated Follow-Up has a track record of getting results. The system is already used by facilities of all types and sizes, from community hospitals to regional service centers to the nation's largest for-profit hospital chain.

Let us show you how we can put this proven solution to work for you.