



INTELLIGENCE TO COMMUNICATE

i2c Healthcare works as an extension of your medical office. We help streamline your medical administration functions, including:

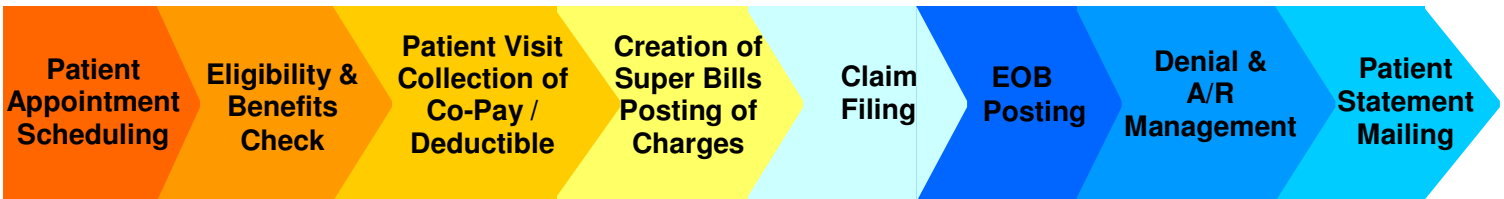
- Claims filing, processing, & tracking
- Denials follow-up
- A/R management & reporting
- Appointment setting
- Patient follow-up
- Electronic billing software installation

i2c World, Inc. has used its long history of providing outsourced services to develop the ultimate billing solution for healthcare professionals.

While other providers may only submit your claims, our complete system not only submits and tracks the claim, but also sees any denial to fulfillment. Our guarantee is:

GREATER EFFICIENCY & IMPROVED CASHFLOW
for a low, results-based rate.

“The Complete Billing Solution...”



What we can do for you?



- Claims filed within 24 hours
- 50% decrease in your administration costs
- 15% increase your claims collections
- 25% increase your patient collections
- Weekly reporting of all claims
- Guaranteed 99.5% data accuracy
- 99% Uptime Guarantee

Complete Revenue Cycle Management for Healthcare Professionals

How do we do it?



1 Patient Appointment Setting

We re-confirm your appointments by calling patients the day before. On this call, we not only confirm that the patient will be coming, but we also verify their insurance information and run a status check, so you know how to bill the patient before he/she even arrives. This system not only saves you time from ‘no-shows’ but it also drastically reduces the number of delinquent co-pays.

2 24 hours Claims Processing

Claims are submitted for processing within 24-hours of receipt of your super bills. We re-verify the information on the claim, put it through a quality check and submit it to the insurance company. We are able to process claims received by fax, electronic format, and paper claims. We also support most software, including, Lytec, Altapoint, Medisoft, Practice Partner, Medical Manager, and GCS Med Office.

3 Denial Management

In the event of a denial, we will follow-up the claim with the insurance company within 24 hours to determine the reason for rejection and whether the claim may be re-submitted. We are also able to review your billing history and re-submit claims that may have been rejected in the past. Depending on volume of your claims, you will receive report customized reporting of the claims that have been submitted, fulfilled, and rejected, as well as the reason for denial.

4 Patient Billing and Follow-up

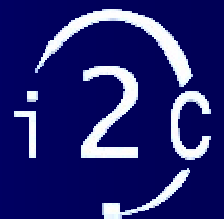
Your patients are your primary concern, making sure you get paid for your time is ours. i2c will print and mail all bills to patients as per doctors discretion. Bills are followed-up within 2 weeks with a reminder call. We can even receive credit card payments with voice verification over the phone, so you get your payments right away!

Our rates? The most competitive in the market...we guarantee it!

Call us at: 646-641-6649 or 212-398-0106

Email us at medbill@i2chealthcare.com

Visit us online at: www.i2chealthcare.com



i2c Healthcare – Medical Billing Process

1) Meeting with I2c Account Executive

- An i2c account executive serves as a liaison between you and the medical billing team assigned to your account. Our account executive will guide you through the implementation process and gather the necessary information for registration - including physician's names, License #'s, Tax ID's, PIN #'s, other related usernames and passwords and input them onto a secure network using advanced SSL encryption technology. Once we have you registered to the insurance companies and clearinghouse you can start sending us your claims immediately!

2) Transmission of Superbills

- We give you the freedom to choose how you would like to send us your superbill's.

Paper: Fax, USPS Mail, DHL

Electronic: E-mail, ICQ Direct file transfer, Medical Software*

3) 24/7 Claim Processing

- Our billing teams file claims received on an on-going basis. All claims are filed electronically whenever possible. If we come across an insurance company that is not equipped with electronic filing we simply print, process, and mail the claim directly. Our affiliated clearinghouse sends us audit reports with notifications and errors on claims 24 hours after initial filing. This process significantly reduces turnover and claim resubmission time.

4) Claim Denial Management

- We have our billers directly follow-up with insurance companies over the phone to manage every claim submitted. If we have not received an EOB within 30 days of the last billing date, we automatically resubmit the claim and follow-up with the insurance companies after that period. With our denial management system, our medical insurance specialist reviews the EOBs and subsequently initiates follow-up calls directly with the medical insurance companies. In the event of any missing information we contact your office to resolve any denied claims and resubmit claims for processing.

5) Customized Reporting

- I2C offers a number of reporting methods for you to know the status of each and every claim we process. You will receive reports of all claims specially tailored to your requirements. You can choose how you would like your report to be organized and how often you would like us to send you a report. In addition each client will be given a login/password to view your claims online through our website. You can simply view online or - download and print your reports!

6) Invoicing

- During the first week of every month i2c will send you an invoice for all the claims processed by us. Invoices are sent after EOB's have been posted and checks have been sent to your office. I2c accepts payments by - check, credit card, & direct deposit.

Call us at: 646-641-6649 or 212-398-0102

Email us at info@i2chealthcare.com

Visit us online at: www.i2chealthcare.com



We work as an extension of your office, with a particular focus on maximizing your revenue – our compensation is based on your success!

Service Overview

The services we provide for Healthcare professionals include but not limited to:

- Medical Billing Coding
- Claim Filing – Private Insurance, Medicare/Medicaid, & Worker’s Compensation
- Denied Claims Management: Tracking, Follow-up and Re-submission
- Patient Statement Mailing
- Appointment Setting & Reminders
- Patient Eligibility Checking
- 24/7 Call Answering Services
- Credentialing for New Practices

Pricing

Pricing mentioned below is preliminary pricing based on standard services. Pricing may vary given varying needs of each practice and volume and complexity of claims to be filed.

I2C World Services	Tier 1	Tier 2	Tier 3
Comprehensive CMS-1500 Billing & UB04 Billing	✓	✓	✓
Electronic Clearinghouse registration and setup	✓	✓	✓
24/7 Electronic On-line Claim Processing & Filing	✓	✓	✓
Workman’s Compensation & No-Fault Claims	✓	✓	✓
EOB Analysis & Posting	✓	✓	✓
Claim Denial Management	✓	✓	✓
Patient Statement Mailing and Follow-up (additional fee’s apply)	✓	✓	✓
Reporting of All Claims	✓	✓	✓
Management of All Insurance Carrier Relationships	✓	✓	✓
Credit Card Payment System			✓
Patient Reminder Calling		✓	✓
Custom 1-800 Answering Service			✓
Real-Time Eligibility Checking		✓	✓
I2C World Commission based on Reimbursement	5%	7%	10%