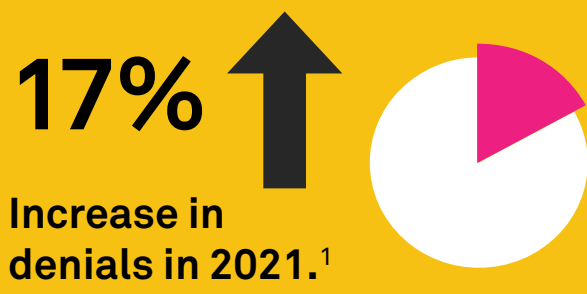


The Rx for patient satisfaction and provider revenue: reduced billing and claim friction

Automation improves claim approval rates and enhances patient and staff experience



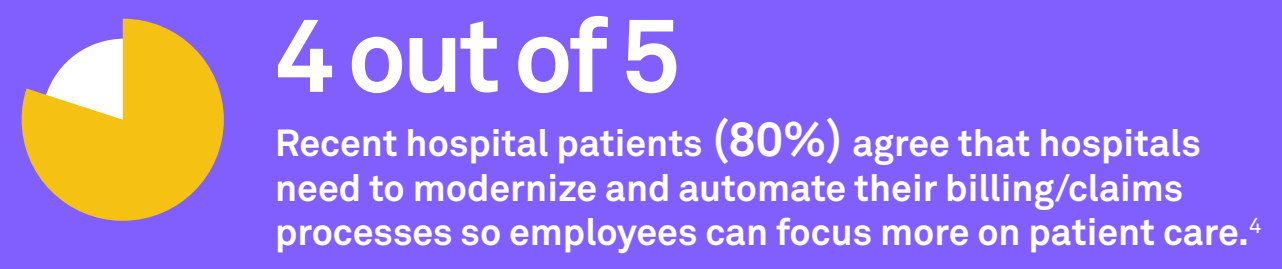
\$118
Cost for hospitals to rework each denied claim (\$25 for private practices).²

\$16.3B
Cost of manual processes to the U.S. healthcare industry annually.³

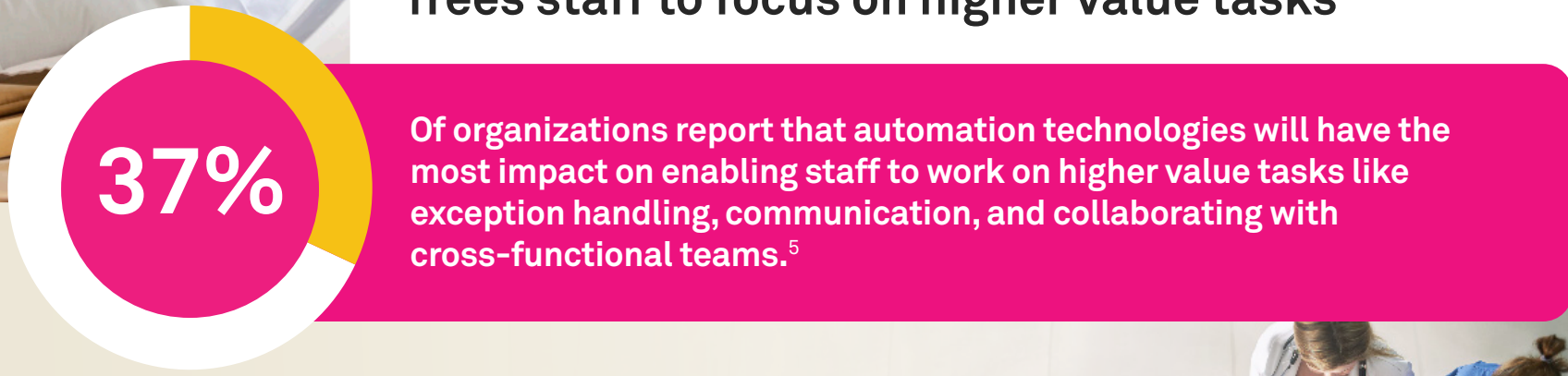
Patients feel the pain of administrative inefficiencies



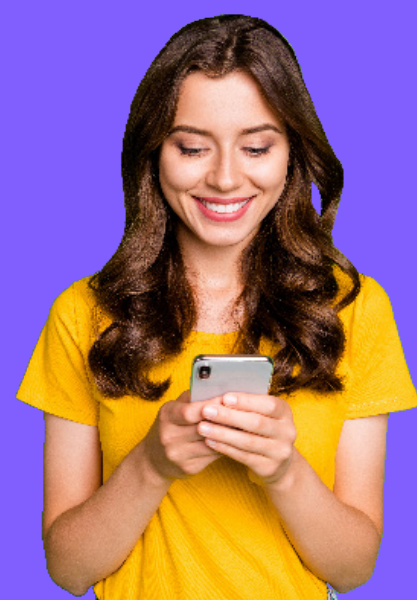
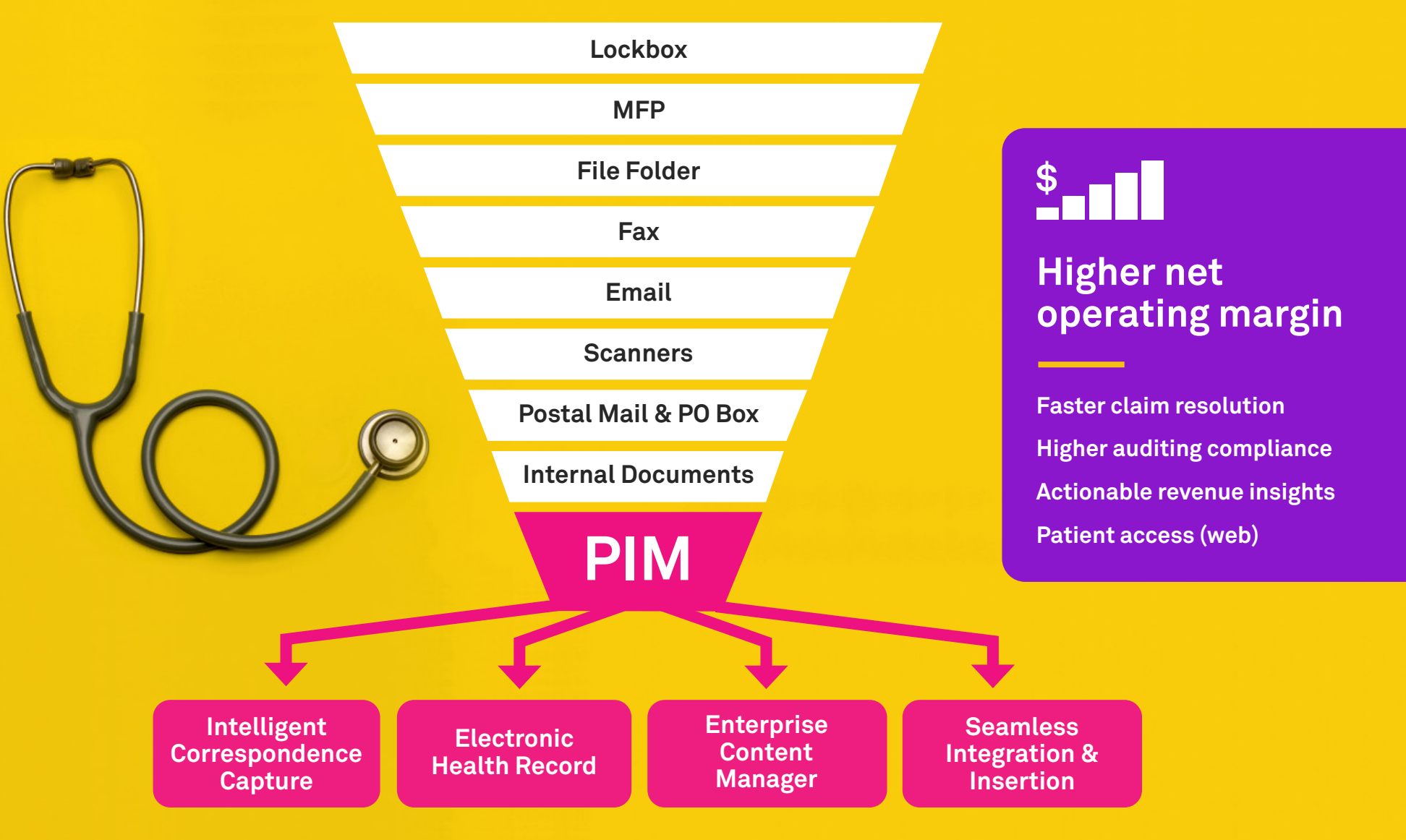
Bedside manner still matters



Automating billing and insurance correspondence frees staff to focus on higher value tasks



When patient health information is trapped in disparate systems, it impacts quality of care, operational efficiency, and patient outcomes. Automation and interoperability ensure that information securely and efficiently arrives at the correct destination at the right time, reducing bottlenecks and denials that delay care and impact revenue.



Ricoh Patient Information Management (PIM) automates key financial correspondence, as well as matching and indexing of patient information. This helps healthcare organizations to reduce the number of underpaid or denied claims and improve reimbursement and revenue reconciliation. Most importantly, automation enables providers to spend more time on bedside care and less on administration.

Visit ricoh-usa.com learn more about streamlining correspondence and maximizing efficiency with intelligent Patient Information Management.

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¹ "6 Keys to addressing denials in your medical practice's revenue cycle," MGMA, March 2021.
² "Claims Denials: A Step-by-Step Approach to Resolution," Journal of AHIMA, April 2022.
³ "2020 CAQH Index," CAQH, March 2021.
⁴ "Hospital Billing Study," Ricoh/Harris Poll, Nov. 2022.
⁵ "What's Next for Automation, and How Do You Get There?," IDC, March 2022.