



Fax Number: 1.623.374.4592
(the 1 is required in front)
Email: info@favoredmedicalbilling.com
Phone: Kashuna at 623.322.0730

SERVICE OPTIONS AND PRICING

Provider Involved Options

Option One: Global Bill Package

- **Provider Fee Only includes basic Maternity (59400,59426,59425)**
- **Does NOT include counsel outside of specific claim submission**
 - **Provider claims** submission at the rate of \$85.00 per maternity claim
***payment due at time of submission**
 - **Facility claims** submission \$ Flat fee per PAID facility line item PER claim for mother and infant billed on UB04) ***payment due after facility claim processing**
 - * Facility paid @ 3000.00 + = 350.00
 - * Facility paid @ 2999-1500.00 = 250.00
 - * Facility paid @ 1499-1000.00 = 85.00
 - * Facility paid @ 999-500.00 = 50.00
 - * Facility paid @ 499-0.00 = 25.00

Option Two: Per Service Medical Billing

- **Claim submission on behalf of the provider's practice at the provider's cost**
- **Does NOT include insurance verification or authorization requests**
- **Does NOT include counsel outside of specific claim submission**
 - **Provider claims submission at the rate of \$150.00 Mother and Infant Maternity and Lactation *payment due at time of submission**
 - **Provider office visit claims submission at the rate of \$50.00 per claim at the expense of the provider. *payment due at time of submission**
 - **Verification and Authorization Request at the rate of \$25.00 at the expense of the patient. *payment due at time of submission**
 - **Facility claims** submission \$ Flat fee per PAID facility line item PER claim for mother and infant billed on UB04) ***payment due after facility claim processing**
 - * Facility paid @ 3000.00 + = 350.00



Fax Number: 1.623.374.4592
(the 1 is required in front)
Email: info@favoredmedicalbilling.com
Phone: Kashuna at 623.322.0730

- * Facility paid @ 2999-1500.00 = 250.00
- * Facility paid @ 999-500.00 = 50.00
- * Facility paid @ 1499-1000.00 = 85.00
- * Facility paid @ 499-0.00 = 25.00

Option Three: Consulting Care

This service is provided to assist in Practice/Provider needs, which includes, but are not limited to:

- Claims Projects
 - Account Management Projects
 - Credentialing/ Contracting
 - Super Bill Creation and Research
 - Practice Set Up Assistance
 - Understanding Billing and Insurance
- *Consultant cost is \$1,000.00 monthly retainer
 - * Claims Project
 - 350.00 per project within 30 days for under 25 claims
 - 500.00 per project within 30 days for over 25 claims
 - 1000.00 per project within 30 days for over 50 claims

Option Four: Account Management

This service is offered at a rate of:

6% of insurance collections for provider services (billed on CMS 1500 claim form

\$ Flat fee per PAID facility line item PER claim for mother and infant billed on UB04)

***payment due after facility claim processing**

- * Facility paid @ 3000.00 + = 350.00
- * Facility paid @ 2999-1500.00 = 250.00
- * Facility paid @ 1499-1000.00 = 85.00
- * Facility paid @ 999-500.00 = 50.00
- * Facility paid @ 499-0.00 = 25.00



Fax Number: 1.623.374.4592
(the 1 is required in front)
Email: info@favoredmedicalbilling.com
Phone: Kashuna at 623.322.0730

*minimum monthly invoice for services rendered of \$1000.00

*combined with provider and facility invoicing

- Services included in Account Management
 - Provider claims submission
 - Facility claims submission
 - Patient billing and collections
 - Provider Credentialing and Contracting
 - Benefit Verification and Authorization support
 - Practice support

Option Five: Small Practice

- Flat monthly rate of \$1000.00 which includes claim submission and limited consulting on other billing and account management concerns

**based on cliental with the option to review for rate increase upon increase of practice revenue*

Option Six: Special Arrangement

- This arrangement was agreed upon and discussed by FMBS and the provider.

Direct Referral Provider

Provider Refers clients directly to FMBS for their billing and verification and is NOT involved in billing. All payments due at time of submission

- **Provider Maternity (59400,59426,59425) claims** submission at the rate of \$85.00 per maternity claim
- Facility claims submission at the rate of \$350.00 per birth **Facility claim** for mother and infant stay.
 - *IN the event facility payment is sent to the patient and NOT the provider and the provider is NOT unable to recoup those funds from the patient a discounted fee of \$50.00 is due for materials and time will be due from the provider.*
- Facility claims submission at the rate of \$450.00 per birth **Facility & Provider** claim for mother and infant stay..
 - *IN the event facility payment is sent to the patient and NOT the provider and the provider is NOT unable to recoup those funds from the patient a discounted fee of \$50.00 is due for materials and time will be due from the provider.*