

Billing-Company Evaluation Checklist

Neutral criteria for vetting a medical-billing company before you sign

A billing company's fee is the easiest thing to compare and the least important. What determines whether you come out ahead is how much they actually collect, how they handle denials, and whether you can see what they are doing. Use these questions before you sign, and ask for evidence, not assurances.

Performance: ask for the numbers, in your specialty

A vendor that charges 7% and collects 96% beats one that charges 4% and collects 88%. The fee is visible; the collection gap is not -- until it is your gap.

- Audited net collection rate over the trailing 12 months, for practices in your specialty -- not a gross rate, not a brochure figure.
- Average days in A/R they hold for comparable clients.
- First-pass clean claim rate.
- References you can actually call -- practices your size, in your specialty, who have been with them 18+ months.

Denials and follow-up: who works them, and how fast

This is where most of the difference in collected dollars lives. A vendor that submits clean claims but lets denials age is quietly writing off your revenue.

- Denials are worked within a defined number of days, with a named process, not 'as time allows'.
- They appeal underpayments against your contracted rates, not just outright denials.
- Aged A/R has an owner and a cadence -- ask specifically how they handle the 90+ bucket.
- Root-cause feedback flows back to your front desk, so the same denials stop recurring.

Fees: understand the whole number

Percentage of collections is standard (commonly 4-9% depending on specialty and volume), but the headline rate is not the whole cost.

- What the percentage is calculated on -- collections only, or charges (avoid percentage-of-charges).
- Setup, clearinghouse, statement, and software fees that sit outside the percentage.
- What happens to your rate as volume grows -- is there a step-down.
- Minimum monthly fees or long lock-in terms that survive poor performance.

Transparency and control: can you see what they do

If you cannot see the work, you cannot verify the result. The data is yours; confirm you keep it.

- You have real-time read access to your billing system and reports, not a monthly PDF summary.
- You own your data and can export it in full if you leave -- confirmed in the contract.
- Reporting includes the metrics above on a standing schedule, not on request.

- A named account contact, not a ticket queue, owns your practice.

Fit and compliance: the dealbreakers

- They have real experience with your specialty's coding and payer mix.
- A signed Business Associate Agreement and a clear answer on how they safeguard PHI.
- Their PM/EHR integration with your system is confirmed, not assumed -- ask about the interface.
- Clear, reasonable offboarding terms -- how a transition out works before you ever need it.

Once you know what to ask, compare medical billing and RCM companies on GetPracticeHelp and filter by specialty and payer acceptance.

General guidance for independent practices evaluating vendors, not legal or financial advice. GetPracticeHelp is an independent directory and does not endorse a specific vendor. Fee and performance ranges are common industry norms and vary.