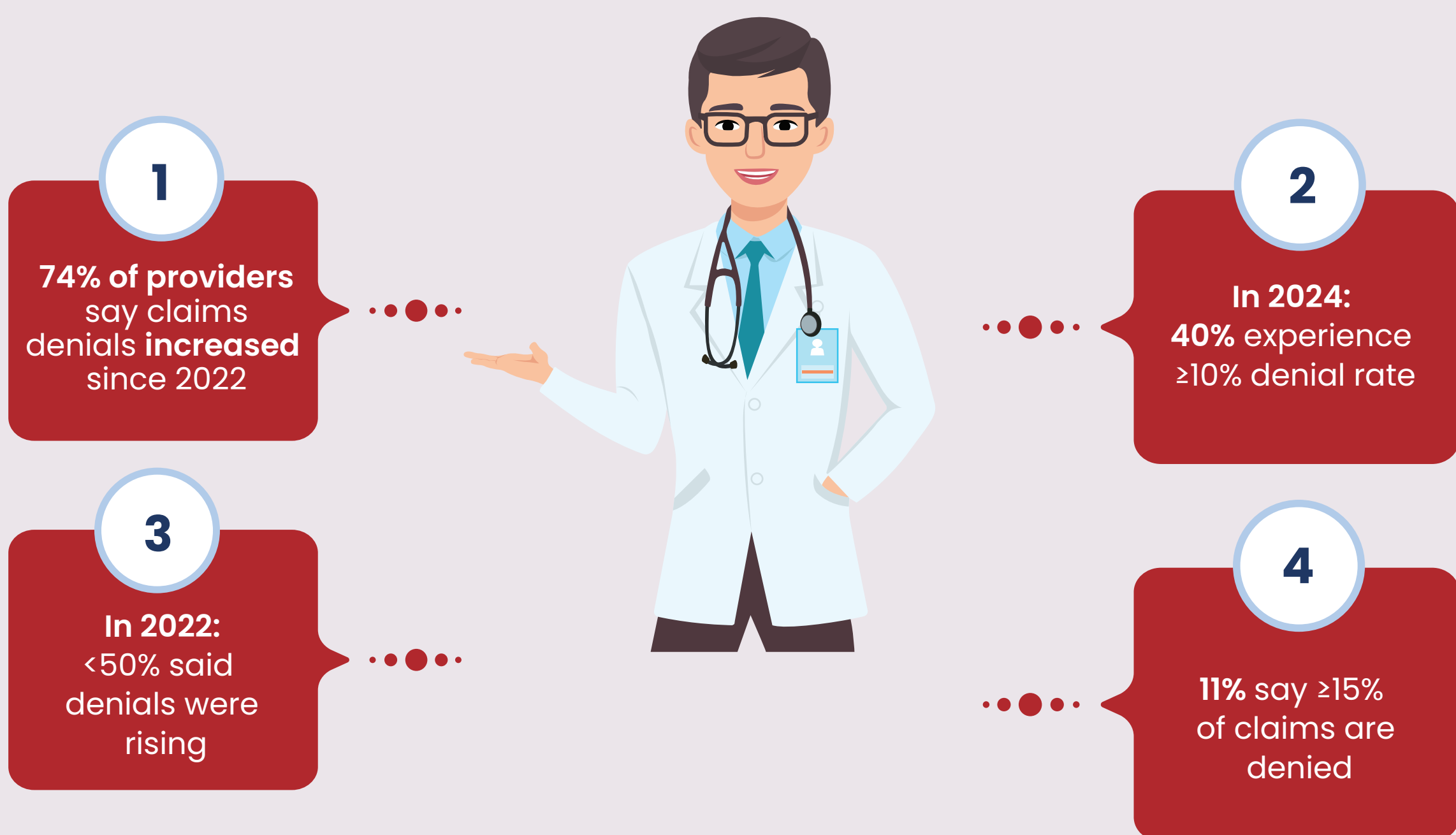


# Why Claim Denials Are Surging and How Your Practice Can Keep Up



## The Claims Crisis

Claims Denials Are Rising Fast



## Top Reasons for Denials

Why Are Claims Being Denied?

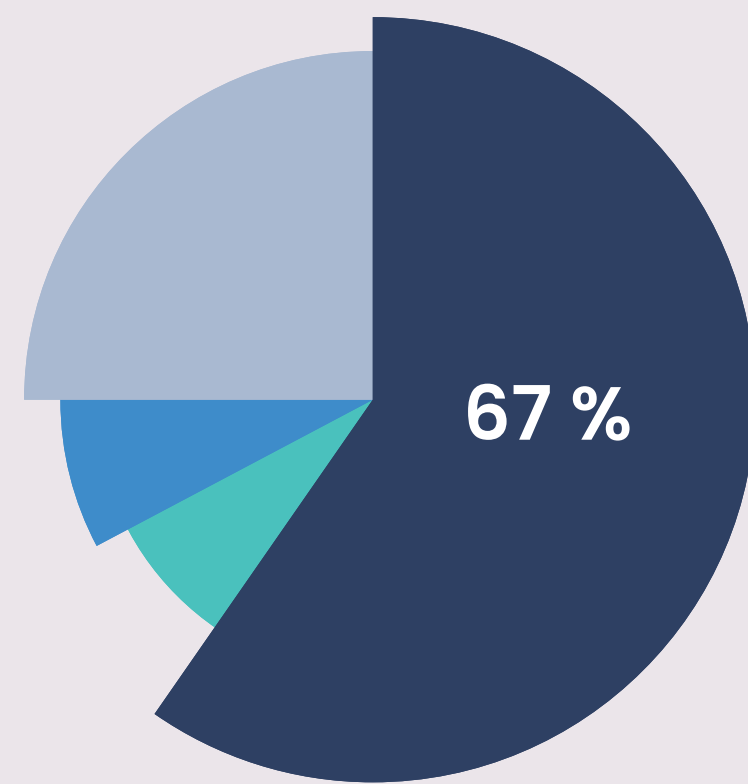


- Missing or inaccurate data
- Prior authorization issues
- Coding errors
- Late submissions
- Staffing shortages & poor training
- Frequent changes in payer policies

## Payment Delays

Even Approved Claims Are Slowing Down

**67% of providers** say reimbursement delays have increased



## Growing Concerns

Providers Are Feeling the Pressure



## The AI Paradox

Providers Aren't Embracing Automation



## Meanwhile... Payers Are All-In on AI

Payers Automate – But Face Scrutiny

- Major payers use **algorithms to review & deny claims**
- UnitedHealth & Humana: Sued over **automated Medicare denials**
- Cigna: Accused of **bypassing manual review**

**“Traditional approaches are no longer enough.”**

### The Problem with Traditional Claims Processing

- Manual entry = high error rate
- Slow processing times delay reimbursement
- Frequent denials due to coding errors, missing data, and policy changes

### How AI is Making a Difference

#### 75% Fewer Manual Errors

AI-powered tools significantly reduce human errors by automating data entry and validation.

#### 3x Faster Claims Resolution

AI expedites processing by instantly flagging and fixing issues before submission.

#### 25% Drop in Denials

Providers using AI have reported a **25% decrease** in claim denials, thanks to predictive analytics and pre-submission review.

#### 20% Lower Admin Costs

Automation reduces repetitive tasks, cutting operational costs and freeing up staff.

#### Real-Time Risk Detection

AI identifies high-risk claims before submission, increasing first-pass resolution rates.

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