

We found \$311K leaking across five areas of the revenue cycle, and \$133K is realistic to recover in year one.

Sample Dermatology Clinic is a fictional three-provider practice in Atlanta that completed 16,166 visits in the 12 months to Sep 30, 2026, collecting \$194 per visit with cosmetic services at 14.9% of payments. The owner asked where revenue is slipping and what to fix first.

Where the Money Goes

\$66K Missed Visits	\$53K Unbooked Capacity	\$109K Written-Off Denials	\$78K A/R Over 90 Days	\$5K Underpayments
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What We Found

\$109K Denials Written Off	Denials cost the clinic \$109K in write-offs this year, and 768 of 1,478 denials trace to missing prior auth or eligibility errors that a pre-visit check would catch.
18.8% of A/R Over 90 Days	\$82K sits unpaid for more than 90 days (\$78K after setting aside underpayments), which is 18.8% of all open balances against an industry goal under 10%.
\$119K From Fuller Schedules	Bringing missed visits down to 7% and booking 90% of slots would add \$119K a year, and new patients miss 13% of their appointments versus 9% for established patients.

30-Day Action Plan

Week	Action	Owner	Est. Recovery
1	Prior auth log for Mohs and procedures	Prior Auth Coordinator	\$30K
1	Eligibility check before new-patient visits	Front Desk Lead	\$10K
1	Text reminders 3 days and 1 day out	Front Desk Lead	\$23K
2	Weekly queue for claims over 90 days	Billing Manager	\$31K
2	Second review before any write-off	Billing Manager	Enables Others
3	Flag payments below contract	Billing Specialist	\$3K
3	Same-day waitlist; release slots 72 hours out	Practice Administrator	\$36K
4	Review scorecard with providers	Practice Administrator	Enables Others

Scorecard

Metric	Baseline	30-Day Leading Goal	12-Month Goal
Denial Rate	9.9%	100% of new patients verified	6.0%
Prior Auth Denial Rate	30.6%	100% auth confirmed (now 66%)	5.0%
Net Collection Rate	92.2%	Every payment checked to contract	96.0%
A/R Over 90 Days	18.8%	Every 90+ claim worked once	10.0%
Missed Visit Rate	8.9%	95% reminder coverage (now 73%)	7.0%
Schedule Utilization	88.5%	Waitlist live; slots released 72 hours out	90.0%

Sample data built from public benchmarks (CMS, KFF); goals from MGMA, HFMA and AMN Healthcare; denial codes per X12 CARC. Fictional clinic; one year of visits and claims simulated at 2026 Medicare rates. The \$82K to \$184K range uses 30% to 70% of the missed-visit gap, 25% to 75% of unbooked capacity, 35% to 65% of auth and eligibility write-offs, 25% to 55% of aged A/R, 40% to 80% of underpayments; the \$133K base case uses the midpoint of each range. Amounts rounded. Financial and operational analysis only; not medical, legal or billing-compliance advice. **Prepared by Kameron Jackson** · CuraSync · curasync.co