

Your Medical Billing Vendor Evaluation Checklist

1.

What is your clean claim, or first-pass acceptance, rate, and how do you calculate it?

2.

What net collection rate do your clients typically reach, and over what timeframe?

3.

What are your average days in AR and your percentage of AR over 90 days?

4.

Who owns denied claims, appeals, and aging AR follow-up, your team or mine?

5.

Do you scrub claims and verify eligibility before submission?

6.

Which specialties and code sets do your billers and coders handle directly?

7.

How do you keep coding compliant and audit-ready, not just paid?

8.

Do you also handle eligibility, prior authorization, and coding, or only claim submission?

9.

How and how often do you report metrics, and are there any fees beyond the quoted rate?

10.

Can we start with a trial or a single service and scale, or is there a long-term contract?

