

EMERGIFIRE Client Billing Process



EMERGIFIRE
emergency response billing

Four-Step Approach to Billing Claims

EMERGIFIRE's four-step approach to billing claims focuses on accuracy the first time the bill is sent with targeted follow-up. Accuracy is a key component of great billing, from documentation in the field, to capturing the correct insurance payer, to assessing fees according to the client's fee schedule and billing. Based on our experience and ongoing analysis, we believe we have the best billing process that focuses on maximizing collections.

Step One

The EMERGIFIRE billing process begins as soon as the fire response report is made available to the EMERGIFIRE team. These reports are manually pulled by EMERGIFIRE personnel from the client's RMS system. EMERGIFIRE does not require clients to use or maintain any additional software.

Step Two

Your EMERGIFIRE representative will read the report, conduct research to find any missing information that will hinder the reimbursement process, and bill the claim with the appropriate insurance provider, based on the fee schedule established by the ordinance/resolution. Your EMERGIFIRE representative also tracks the types of missing information and provide feedback, education, and training to help improve documentation.

Step Three

Claims are continuously followed up on until determination is provided. If the claim is denied, your EMERGIFIRE representative makes the appropriate appeal in pursuit of collections. In our experience, insurance adjusters don't consistently respond to the initial payment request, so EMERGIFIRE has implemented a consistent follow-up policy to ensure a response is received from the adjuster.

Step Four

Payments can be processed via check, ACH, or credit card. Once payment is received, it is collected by EMERGIFIRE and posted to your account for inclusion in the monthly remittance of payments. The processing of any overpayments will be handled by EMERGIFIRE.

EMERGIFIRE works to bill all claims as quickly as possible. The difference between good billing and great billing, assuming everything else is equal, is consistent follow-up. EMERGIFIRE never accepts a denial or partial payment without reaching out to the payer for clarification.

EMERGIFIRE is always willing to respond to the discretion or authority of the Fire Chief to reduce a bill to avoid an inequitable charge or in the course of reasonably settling a dispute or claim.

Insurance Verification

EMERGIFIRE uses several tools to ensure that we have correct and current insurance information for each fire response. A common mistake by fire response billing agencies is to rely on the parties involved to provide insurance information, but this is problematic for a number of reasons. By reviewing the insurance information for accuracy, we can better reduce the risk of human error during a time of emergency.

Follow-up on Denial and Appeals

To ensure accurate and timely review of claims, we rely on a team of human claims reviewers—not computers. We carefully review all claim payments, remittance advice, denials, low pays, and no pays.

We employ humans—not computers—to read and code response reports, ensure that every claim and payer response is complete and accurate, and pursue each of those claims for maximum reimbursement.

Fire Report Export



Verify All Required Information is Provided



Claim Filed



Claim Review



Denial Appeals



Claim Outcome Notification
(5th business day of the month)

