



# Is Your Billing Costing You Money?

## 10 Questions Every Therapy Clinic Owner Should Be Able to Answer

If you're managing billing in-house, you already know it's complex. But complexity isn't the biggest risk – it's not knowing where the gaps are. Work through these ten questions honestly. If you can't answer yes to all of them, your revenue cycle has room to improve.



### Do you know your current denial rate?

If you don't have a number, that's the first problem. Industry standard for therapy practices is under 6%. If you're above that – or don't know, you're likely leaving significant revenue on the table every month.



### Do you have a consistent process for following up on denied claims?

Denials don't fix themselves. If your team doesn't have a defined workflow for identifying, correcting, and resubmitting denied claims within 30 days, a percentage of that revenue is gone permanently.



### Do you know your average days in accounts receivable?

The longer a claim sits unpaid, the less likely it is to get paid in full. Best practice for therapy practices is under 40 days. Do you know where you stand?



### Are you collecting the correct copays and coinsurance at the time of service?

Front desk collections are the fastest, cleanest revenue in your practice. If your team isn't consistently collecting at the point of care, you're creating an A/R problem before the claim is even submitted.



### Do you verify insurance eligibility consistently?

A single visit billed to inactive or incorrect insurance is a denial waiting to happen. If eligibility verification isn't part of your standard intake process, you're submitting claims blind.



### Are your therapists documenting in a way that supports your billing codes?

Billing and documentation have to match. If your clinical notes don't clearly support the CPT codes being billed, you're exposed to both denials and compliance risk. Do you have a process to catch this before claims go out?



### Do you know which payers are your slowest to reimburse, and why?

Not all insurance companies are equal. Some payers have specific requirements, modifier rules, or documentation standards that differ from others. If your team isn't tracking payer behavior, you're probably losing money on specific contracts without knowing it.



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### Do you have clear visibility into your revenue cycle every month?

Can you look at a report right now and tell me what's outstanding, what's been denied, and what's trending in the wrong direction? If your reporting is inconsistent or hard to read, you're managing your finances by feel rather than by data.



### Do you have a process for catching billing errors before claims are submitted?

Errors caught before submission cost you nothing. Errors caught after cost you time, money, and sometimes the claim entirely. Does your team have a pre-bill review process, or do errors only get discovered when a claim comes back denied?



### Do you know what your billing is actually costing you, including staff time?

In-house billing isn't free. Between salary, benefits, training, software, and the hours your clinical staff spend on billing-related tasks, the true cost is almost always higher than it appears. Have you done that math lately?

If you checked every box confidently, your revenue cycle is in strong shape. If you found yourself pausing on two or more questions, those gaps are worth addressing, and sooner is better than later. Powerhouse Billing offers a straightforward conversation for clinic owners who want an honest look at where they stand. No pressure, no obligation.

Ready to talk? Visit [powerhousebilling.com](https://powerhousebilling.com) or call 308-646-0002