

AR Health Assessment FAQ Sheet



1. What is an AR Health Assessment?

The AR Health Assessment is a focused review of your clinic's Accounts Receivable performance. It evaluates your current AR aging, collection efficiency, reimbursement trends, and identifies the operational or documentation-related issues that impact cash flow and overall financial health.

2. What's included in the AR Health Assessment?

Your assessment includes:

1 Thorough AR Review
Aging Buckets, Payer Mix, Write Offs, Denials & Outstanding Balances

2 Collection Rate Analysis
Your rates compared to industry benchmarks for O&P clinics

3 Key Issues Identification
Incomplete or noncompliant documentation, claim submission delays, inefficient billing workflows, high denial or rework rates, payer specific bottlenecks

4 Findings Summary Sheets
Insights, risks, actionable opportunities

5 A 30 minute discovery call
Walk through results and potential next steps or corrective actions

3. Who is this assessment for?

The assessment is ideal for:

O&P clinics experiencing slow collections or cash flow concerns

Clinics with growing AR but no clear understanding of root causes

Practices preparing for growth, audits, or workflow improvements

Teams wanting outside perspective and data driven recommendations

4. What data do you need from us?

Typical items include:

AR aging report (detailed)

Monthly collection and billing reports

Payer mix and reimbursement history

Write off and denial logs

Any internal KPIs you currently track

Your data is reviewed confidentially and used solely to perform the assessment.

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5. How long does the AR Health Assessment take?

Once data is received, the assessment is typically completed within 5–7 business days, followed by your scheduled discovery call.

6. What will the summary sheet include?

Your summary deliverable provides:

1 High level AR performance snapshot

2 Collection Rate Analysis

3 Key risk areas identified

4 Operational or workflow issues impacting revenue

5 Payer specific challenges

6 Recommended corrective actions and improvement opportunities

It's designed to be digestible, actionable, and ready for internal leadership review.

7. What happens during the 30 minute discovery call?

During the call, we will:

- Walk through the summary sheet
- Discuss findings and what they mean for your clinic
- Prioritize key areas of opportunity

- Provide guidance on next steps
- Explore whether additional support or services may be helpful

8. How will this assessment help our bottom line?

O&P clinics often face cash flow challenges linked to documentation requirements, staffing bandwidth, and payer complexities. This assessment helps you:

- Reduce aging AR
- Improve first pass acceptance
- Lower rework and denial rates
- Identify workflow gaps
- Strengthen reimbursement consistency

Ultimately, it gives you a clear roadmap for improved financial performance and reduced revenue leakage.

9. Is there any obligation after the assessment?

No. The assessment and discovery call are standalone. You choose whether to take the summary and implement changes internally or engage in further support.

10. How do we get started?

Sign-up for free assessment on our website [oandpinsight.com](https://www.oandpinsight.com) or email info@oandpinsight.com.