Convert unknown coverage into recovered revenue.

Office Ally helps you close the gaps that lead to uncompensated care by identifying billable coverage

The Benefits of Office Ally Insurance Discovery

1. Identify valid insurance on 10-30% of patient accounts

2. Start with a no-cost assessment to prove the concept

3. Integrate with your existing platform and workflows

4. Initiate without any upfront fees

Protect Your Revenue from Uncompensated Care

Uncompensated care is a rising financial risk for hospitals and health systems, with a cumulative $745 billion in unpaid care over the past two decades. Many self-pay accounts stem from missed or incomplete insurance information, resulting in significant lost revenue. At the same time, patients have become the country's third-largest payer, shouldering more of the financial responsibility for care than ever before. As this burden grows, it's critical for providers to identify every possible source of coverage to reduce bad debt and improve collections.

Office Ally's Insurance Discovery helps your organization recover missed revenue by identifying active, billable coverage, even behind existing solutions, with no disruption to your current system or workflows.

Smarter Technology. Proven Results.

With more than 1 billion healthcare transactions processed annually, Office Ally has the scale and data intelligence to power one of the industry's most effective insurance discovery solutions.

Proprietary algorithms scan for Medicare, Medicaid, managed care, and commercial plans to uncover coverage missed by existing processes. Insurance Discovery is fully automated and tailored to your needs, delivering a list of actionable accounts. Each account we return is validated for eligibility, ensuring accuracy and increasing your reimbursement success rate. This is done with no upfront fees, minimal IT resources and little training.

Get Started Today

360-975-7000 | OfficeAlly.com

Office Ally®

Expert Support. Seamless Integration.

Insurance Discovery blends deep industry expertise with technology designed to fit seamlessly into your existing environment. Built by revenue cycle veterans, it reflects a clear understanding of the operational and financial pressures hospitals face today. Our experienced team handles onboarding and support, while our process integrates effortlessly into your current environment. There's no rip-and-replace required; we can even work behind current vendors to find additional opportunities.

Get Started with a No-Cost Assessment

Using a sample set of your accounts, we'll run a scan of your data and deliver a detailed report showing newly discovered billable coverage to help you evaluate the opportunity and prove the concept before making a commitment.

Real-World Use Cases

Verification of Benefits: Validate insurance is active on date of service

Monthly Monitoring: Monitor changes in coverage status on the first of each month

Medicaid Monitoring: Identify retroactive Medicaid eligibility (3 months prior to date of service)

Rejection Avoidance: Revalidate eligibility before claim submission

Denial Recycle: Uncover coverage for claims rejected for eligibility issues

Coordination of Benefits: Correct COB hierarchy and payer order

Self-Pay Conversion: Fix or find active insurance with limited demographic information

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