



Athelas
Powered by Commure

Stop Losing Revenue You Already Earned

How orthopedic practices are using AI today to fix the front desk,
documentation, denials, and patient payments



It's 5:15 PM on a Friday

A patient finally picks up the phone to schedule a visit for the shoulder that has bothered them for three months. Maybe they made the decision on their own. Maybe their spouse finally talked them into it. Either way, they're ready now.

Your office closed fifteen minutes ago.

That patient isn't going to wait until Monday. They'll call the next practice on the list, or they'll head to urgent care. The visit, the revenue, and possibly a future surgical case are gone before anyone on your team knows the call happened.

Moments like this play out in orthopedic practices every day. An OR sits idle because a prior authorization never came through. A surgeon's day unravels because benefits weren't verified. A provider finishes clinic and goes home to two more hours of notes. None of these are clinical problems; They're operational ones, and they quietly cost practices real money.

The good news is that the tools to fix them already exist. This paper walks through where revenue slips away in an orthopedic practice, what AI can realistically do about it today, and how to choose a partner who will actually make it work.

The Real Cost of Friction

Administrative waste costs U.S. healthcare an estimated \$265 billion every year. Musculoskeletal claims are among the most frequently denied categories in the country, so orthopedic practices feel that waste more than most.

Run the numbers on a group of surgeons bringing in \$5 million in allowables. At a 14% denial rate, which is close to the national norm, about \$700,000 a year is delayed or written off. Some of it comes back after a long fight. Some of it never does. Much of it never needed to be denied in the first place.

\$265B

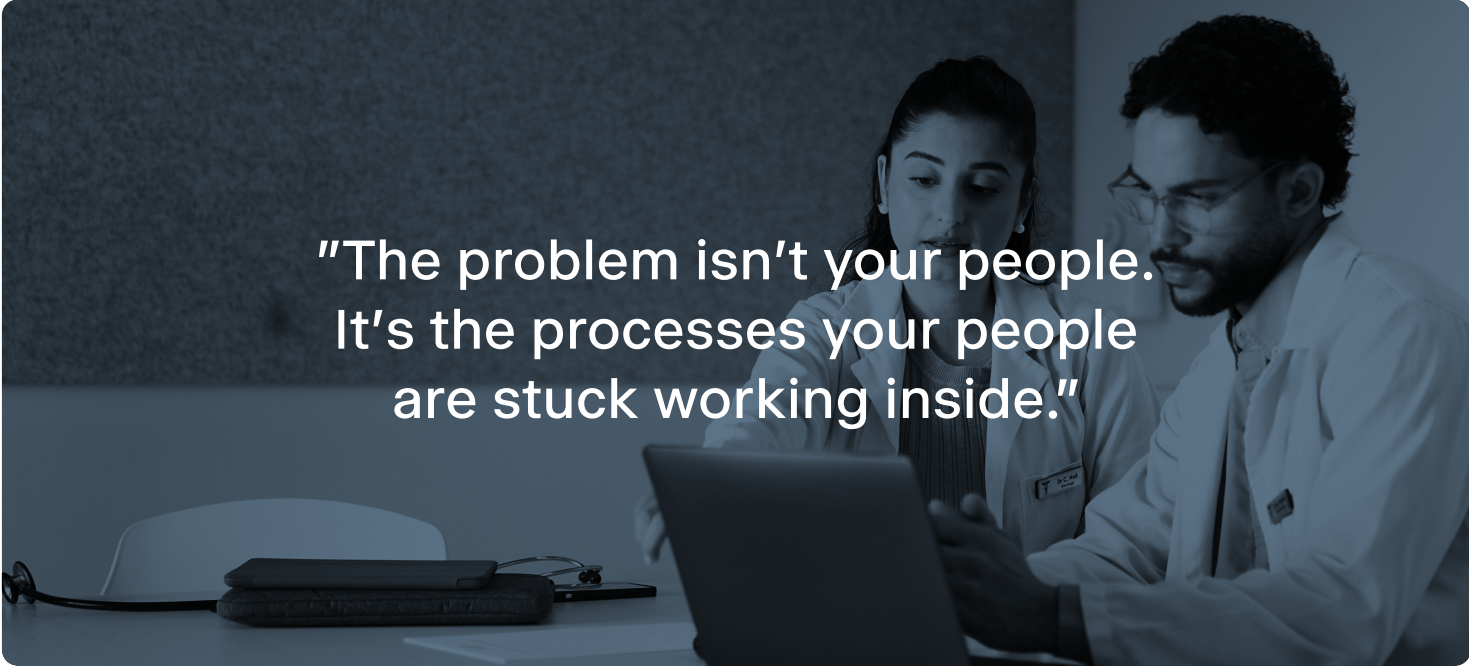
spent on U.S. healthcare
administrative waste each year

\$700K

delayed or lost per \$5M in allowables
at a 14% denial rate

1 in 5

orthopedic claims denied on first
submission



"The problem isn't your people.
It's the processes your people
are stuck working inside."

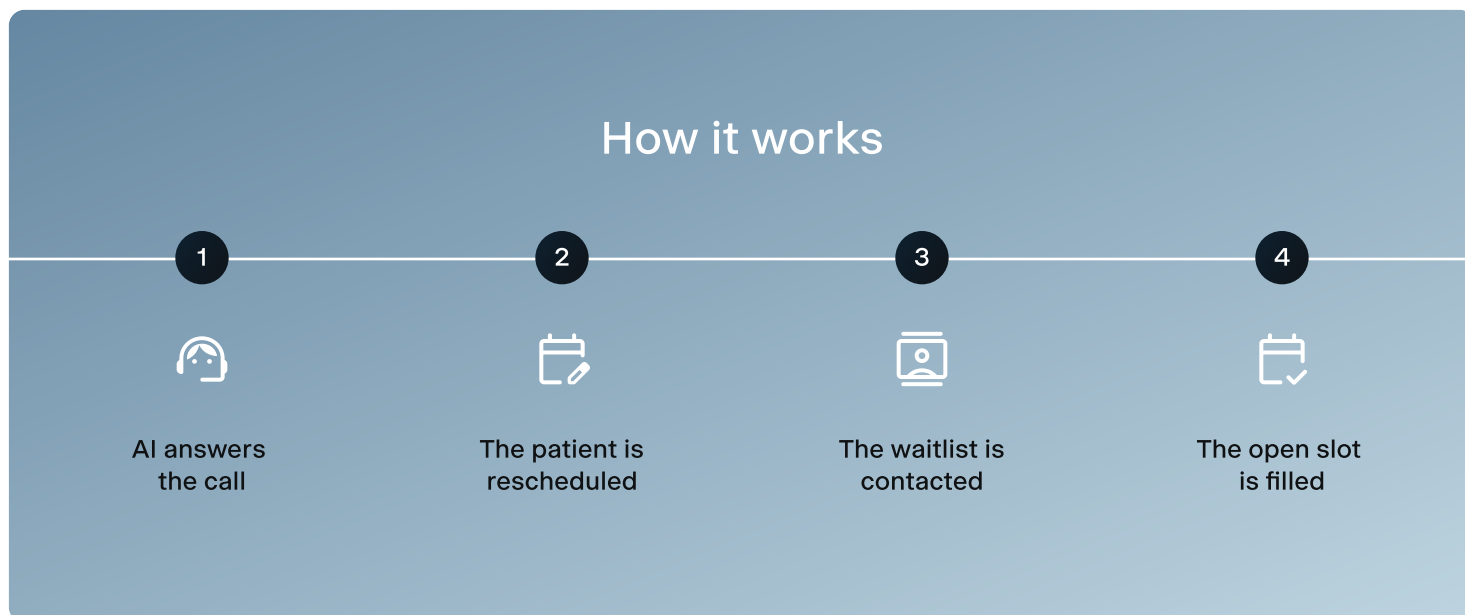
That idea runs through everything that follows. AI isn't here to replace your team. It's here to expand what they can handle and take the repetitive work off their plates.

The Front Desk

Front desk roles have some of the highest turnover in healthcare. Call volume is high, staffing is thin, and patients expect to reach someone after hours. When the front desk falls behind, the effect cascades: calls go unanswered and providers work at reduced capacity, not because patients aren't out there, but because they can't get in the door.

Anyone who has worked in a clinic knows the Monday morning version of this. The schedule looked full on Friday. Twenty minutes after the front desk checks voicemail, a day of ten or twelve patients is down to six, and there's no time left to fill the gaps.

AI voice agents change that. They pick up when your team is helping a patient at the window, and they keep answering at night and on weekends. They schedule and reschedule visits, add patients to a waitlist, and route anything complex to the right person on your staff. When a patient cancels on Saturday, the agent can rebook them, then reach out to the waitlist and fill the open slot before Monday arrives.



Practices using AI agents to support their call centers are seeing missed calls drop by 30 to 50%. That's capacity your team gains without adding headcount.

The same thinking applies to eligibility. Rather than someone calling the day before surgery to verify benefits, coverage should be checked the moment a visit is scheduled, then automatically verified again a week out and three days out. If there's a gap, your team finds it with time to fix it.



LEAK 2

Documentation

Documentation usually gets framed as a productivity or burnout issue. It's a revenue issue too. Weak documentation leads to more denials, more rejections, and more rework for your billing team, all to collect money for care you've already delivered.

Across Athelas customers, providers average about nine minutes of charting for every fifteen minutes of patient care. That adds up to nearly two hours a day spent on notes outside of clinic, the familiar "pajama time." It's no surprise that 45% of U.S. physicians report burnout, and the number climbs to 48% in orthopedics.

Ambient AI listens quietly during the visit while the provider does what they're trained to do: examine, talk, and build trust. There's no need to change how you speak or narrate in clinical shorthand. The ambient scribe captures the full conversation, turns it into a note in the provider's preferred template, and sends it to the EHR for review and signature.

21%

reduction in physician burnout

31%

improvement in physician wellbeing

\$3,044

more revenue per physician
each year

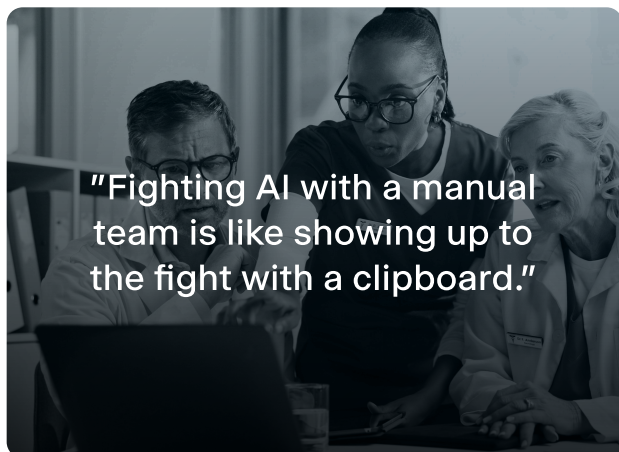
Those first two figures come from 2025 research at Mass General Brigham and Emory. The third comes from a UCSF study in JAMA Network Open, which also found that physicians using AI scribes saw 0.8 more patients per week.

There's a human side to this as well. Patients remember whether their doctor looked at them. Years of document, document, document have pulled providers toward the screen and away from the person in the room. Ambient AI doesn't replace clinical reasoning. It gives providers their time back so they can treat face to face, not face to screen.

Denials

In orthopedics, roughly one in five claims comes back with an initial denial. That's 20% of your claims that someone has to touch again, rework, and fight for, all to collect revenue your team already earned. The industry average denial rate sits around 11.8%, and orthopedic practices and ASCs routinely see anywhere from 14 to 22%.

Part of the reason is that payers are using AI too. Several have faced litigation after claims were reportedly denied in about two seconds apiece, despite claims that physicians were reviewing them. If payers are using AI to deny at scale, the real question isn't whether you should use AI. It's why you aren't yet.



Appeals will always be part of the process, but they aren't the best return on your effort. Prevention is. AI is exceptionally good at pulling together and analyzing large amounts of data. Pointed at the last few years of your claims, it can break down denial trends by CPT code, payer, and documentation type. That matters because your payer mix and patient population look different from a practice two states away. With those patterns in hand, AI can flag high risk claims before they go out the door and apply fixes on the front end.

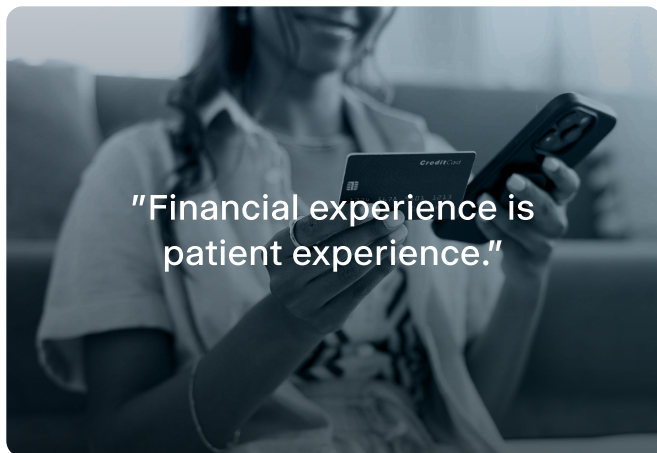
That's the shift from reactive to proactive. Practices often come to Athelas with denial rates of 7 to 9%, or 11 to 13%. Bringing them below 2% and watching collections climb month after month is one of the best parts of the work.

The patient financial experience

Patients are paying a larger share of their care than they were a decade ago, driven largely by high deductible plans. Those plans have grown more complex, and it's unrealistic to expect patients with no medical background to decode them. When patients feel confused or blindsided by a bill, the relationship takes the hit.

When patients complain, it's rarely about the care itself. It's that nobody answered the phone, they couldn't get on the schedule for four weeks, or a bill showed up they didn't expect. Those are the stories that end up in Google reviews, in Facebook groups, and in conversations with friends and family.

So give patients more ways to understand and pay: text, email, paper statements, Apple Pay, and the option to pay before they ever walk in. An AI agent can answer questions about deductibles, copays, and coverage, and check benefits in real time, which keeps those calls off your front desk. The principle is simple. The easier it is for patients to pay, the faster and more likely they are to pay.



Choosing the Right Partner

Does AI work? Yes. Does it exist today? Absolutely. The question that matters is whether it will work for your practice, your team, and your workflows. Even the best technology falls flat with a poor implementation.

Here's what to look for.



A partner, not a transaction.

Look for a team that shares your vision and puts your practice's success at the center of the relationship. A purely transactional vendor purchase almost always goes sideways.



A clear implementation timeline.

Ask whether you'll see value in 30 days, 90 days, or 12 months. The first 90 days are your stress test, and they usually decide whether a rollout succeeds.



Humans in the loop.

AI is powerful, but it shouldn't run unattended. Make sure real human oversight is built into every workflow.



Security you can verify.

Ask about SOC 2 Type 2 certification, HIPAA compliance, multifactor authentication, single sign on, and role based permissions. You should know exactly how your data is protected.

This is Current State, Not Future State

Denials, documentation backlogs, missed calls, and aging AR have been part of running a practice for a long time. For years, the only answer was to throw more people at them. That's no longer true. These are operational problems, and the tools to solve them are already here.

So the question isn't whether AI is ready for healthcare. It is. The question is whether your practice is ready to stop losing revenue to problems that technology is already solving for others.

The practices that win over the next three years will be the ones that make operational excellence a priority. The best time to start is now.



0:03
Thanks for coming in. Tell me what's been going on with the shoulder.

0:05
It's been bothering me for about three months now. Worst when I reach overhead or try to sleep on that side — I can't remember any specific injury.

SOAP Note

Subjective

New patient presenting with three-month history of right shoulder pain, insidious onset without clear inciting event. Pain localized to the lateral deltoid, worse with overhead reaching, lifting, and lying on the affected side at night. Rates pain 4/10 at rest, 7/10 with activity. Denies numbness, tingling, or weakness in the hand. Has tried OTC ibuprofen with partial relief. Works as a painter, right-hand dominant.

Objective

Vitals stable. Right shoulder: no visible atrophy or deformity. Tenderness to palpation over the greater tuberosity and subacromial space. Active ROM: forward flexion 150°, abduction 140° with painful arc between 70°-120°, external rotation 60°. Internal rotation to L2. Passive ROM full and pain-free. Positive Neer and Hawkins-Kennedy impingement signs. Positive empty can test with 4/5 strength.

Documentation

Check Deposit Manager

Overview

Deposits

Checks

Deposit Source

EOBs

Insurance Deposits

\$284,750

Check Total

\$218,300

Cash Flow Waterfall Chart

Each EOB may include one or more checks. These checks can also be tied to multiple claims and provider adjust ensure all financial records are accurately input.

Amount

Timeframe

Insurance Deposits (\$) Check Total (\$) Posted

May 5, 2025 - May 11, 2025 May 12, 2025 - May 18, 2025 May 19, 2025 - May 25, 2025

Filter

Date Range	Source	Amt. Insurance Deposits	Insurance Deposits #
May 22, 2025	BLUESHIELD	\$31,450.00	314

Billing

Air

Calendar

Patients

Inbox

Settings

Log Out

Today

Friday, August 2024

Dr. Amara Whitfield	Dr. Marcus Chen
Not Available	Not Available
7 AM	
8 AM	
9 AM	
10 AM	
11 AM	
12 AM	

Operations

About Athelas

Athelas, powered by Commure, puts documentation, billing, and operations on autopilot with one continuously improving AI platform. Revenue Cycle Management, Ambient AI, Air EHR, Voice Agents, and Practice Manager work together, so your team spends less time on busywork and more time with patients. Athelas supports practices responsible for about 7% of U.S. healthcare appointments.

See what Athelas can do for your practice at athelas.com.

Sources

1. Administrative waste: JAMA, 2019, as cited by the American Medical Association.
2. Physician burnout (45% overall, 48% in orthopedics): American Medical Association survey data.
3. Charting time: Athelas customer data.
4. Burnout and wellbeing outcomes with ambient AI: Mass General Brigham and Emory, 2025.
5. AI scribe revenue and patient volume: UCSF, JAMA Network Open, January 2026.