



CAPABILITY STATEMENT



COMPANY OVERVIEW

Assurgent Medical Billing Solutions doesn't just "do billing." We fix broken revenue cycles and untangle payer issues — making sure providers are actually getting paid what they've earned. With over 20 years of experience across multiple specialties, we specialize in revenue cycle management, credentialing, and payer contracting that goes beyond surface-level fixes.

From private practices to growing healthcare organizations, we step in where revenue is leaking, workflows are inefficient, or payer relationships are working against you — not for you. The goal isn't just cleaner claims; it's stronger reimbursement, better systems, and long-term financial stability that supports real growth.

Trusted by providers to step in during complex billing and payer challenges where traditional billing solutions fall short.

COMPANY SNAPSHOT

Business Name: Assurgent Medical Billing Solutions, LLC

Business Phone: (877) 217-0955

Corporation Type: LLC

Year Founded: 2017

DUNS Number: 119453617

CAGE Code: 9TEV7

Socio-Economic Status: WOSB

Unique Entity Identifier (UEI): Y9GVDN9SW646

TIN: 83-XXXXXXX

NAICS CODES

541219 – Accounting Services

541611 – Management Consulting

541618 – Business Consulting

621399 – Healthcare Services

561110 – Administrative Services

561410 – Document Preparation

561499 – Business Support Services

611430 – Professional Training

524292 – Insurance Administration

CORE COMPETENCIES

Our work focuses on eliminating revenue gaps, reducing denials, and making sure providers are actually getting paid what they should.

- Revenue Cycle Management (RCM)
- Medical Billing & Claims Management
- Denial Management & Appeals
- Insurance Credentialing & Provider Enrollment
- Commercial & Government Payer Contracting
- Fee Schedule Negotiation & Rate Optimization
- Accounts Receivable (AR) Recovery & Management
- Workflow & Process Optimization
- Practice Management System Implementation
- Insurance & Provider Liaison Services

DIFFERENTIATORS

We don't just manage billing—we step in where revenue is breaking down, payer relationships are misaligned, and systems aren't working the way they should. Our approach is hands-on, strategic, and built around actually improving how providers get paid—not just pushing claims through the system.

- 20+ years of experience in medical billing, credentialing, and payer contracting
- Expertise across behavioral health, ABA, and diverse healthcare specialties
- Proven track record of improving collections and resolving complex AR challenges
- Strategic understanding of commercial and government payer systems
- Hands-on, tailored support—no one-size-fits-all approach
- End-to-end solutions from credentialing through revenue optimization
- Advanced knowledge of billing platforms, workflows, and payer processes

PAST PERFORMANCE

We've been brought in when billing systems were failing, revenue was stuck, and payer issues were costing providers real money. Our role is simple—stabilize, fix, and build processes that actually hold up long-term.

- Navigated complex payer prepayment reviews while maintaining provider operations and supporting revenue recovery
- Recovered high-value outstanding AR by addressing denials, underpayments, and aging claims
- Identified breakdowns in billing workflows and rebuilt processes to improve reimbursement accuracy
- Managed credentialing and payer enrollment for startup and growing practices across multiple specialties
- Supported payer contracting efforts to strengthen reimbursement and network positioning
- Optimized billing systems and workflows to improve efficiency and reduce revenue leakage
- Delivered hands-on revenue cycle support tailored to each provider's operational structure
- Supported providers through payer prepayment reviews exceeding six-figure revenue impact while maintaining operational continuity

CERTIFICATIONS



CONTACT US



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