



The Phoenix ADVANTAGE

Why people choose us

100%
satisfaction

4-10%
average
operational
savings

Up to
30%
increase in
collections

More advantages



**Phoenix
Full-Service
Revenue Cycle
Management**

Our dedicated, certified staff can handle your coding, medical billing and revenue management needs, saving you money and increasing your collections. [MORE](#)



**Phoenix
Payer
Contracting and
Credentialing**

Our specialized credentialing and payer management services help you stay competitive and profitable, save time and risk, and collect what's yours. [MORE](#)



**Phoenix
Payer
Management
Services**

We ensure you get the most from your relationships with payers to keep you current and reimbursements flowing without disruption. [MORE](#)



**Phoenix
Patient
Financial
Engagement**

Our module promotes a dialogue between patient and provider, making collections more convenient, transparent and affordable. [MORE](#)



**Phoenix
Cloud
Reporting
Solutions**

Connect directly into your current practice management and receive a clear, up-to-date picture of your practice. [MORE](#)



**Phoenix Denial
Management and
AR Resolution
Services**

Our dedicated team of specialists analyzes unpaid and underpaid claims, and aggressively follows up with payers to recover maximum payments. [MORE](#)



**Phoenix
Managed
Compliance
Services**

Our expertise in comprehensive compliance services provides necessary protection for medical offices, physicians and patients. [MORE](#)



**Phoenix
Physician
EHR
Solutions**

We are refreshingly flexible by delivering reliable solutions based on your budget and preferences. [MORE](#)



**Phoenix
Therapy
EHR
Solutions**

We provide customizable, market-leading software that includes electronic charting and scheduling integration to streamline any PT, OT and SLP practice in an affordable way. [MORE](#)

About us

Phoenix Healthcare Services is a nationally recognized leader in the healthcare industry, providing streamlined revenue cycle management and other solutions that improve business performance.

- Started as a medical billing company in 2008 serving two practice specialties
- Now provide full-service revenue cycle management and many other solutions to medical practices in 19 states (and growing), representing 20 practice specialties
- Partner with practices of all sizes—from single-provider MD, PA/NP and therapy practices to multi-specialty groups and health systems of 50+ providers
- Save practices 4 – 10% (average) in operational costs
- Maintain 100% client satisfaction
- Consistently deliver a clean claims rate of 99%+

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Some facts about us


100%
Client Satisfaction


98%
Client Retention


4-10%
Operational Savings


30%
Increase In Collections


99%
Clean Claims Rate

Our Story

Phoenix Healthcare Services is a nationally recognized leader in the healthcare industry, providing streamlined revenue cycle management and other solutions that improve business performance.

How we got started:

We started as a medical billing company in 2008, servicing physical therapy and orthopedic specialties.

What we do today:

We provide medical practices of all sizes the opportunity to work with one company for their full-service revenue cycle management needs, which streamlines their data, operations, communication, workflow and performance. Our services include: contracting, credentialing and payer management services; practice intelligence reporting; patient financial engagement; denial management and AR resolution services; EHR connectivity; and managed compliance services.

Where we are:

We operate out of Bradenton, Florida, and Spring Hill, Tennessee.

Who we work with:

We partner with medical practices of all sizes nationwide. Currently, our clients are in 19 states, represent 20 specialties, and range from single-provider MD, PA/NP and therapy practices to multi-specialty groups and health systems of 50+ providers.

The difference we make:

Our team of highly skilled experts saves clients an average of four to 10 percent in operational costs and increases collections up to 30 percent. We do that while staying on top of the latest legislative requirements and using the most advanced technology. We have even raised industry standards, retained 98 percent of our clients and maintained 100 percent client satisfaction among all our clients. Just ask, and we'll put you in touch so you can hear it from them, too.

What sets us apart:

At Phoenix Healthcare Services, we believe in creating true partnerships, based on our [core values](#), as well as new, refreshingly simple ways to manage medical practices. Our pricing models are equally simple, competitive and completely transparent. As you partner with us, you'll see that we enjoy working closely with you to meet your unique needs through an open line of communication. That means when you need us, we're available. No question or request is too big or small. It's this level of commitment that has led us to evolve over the years—going beyond billing to create revolutionary technology solutions—like our payer contracting and credentialing services and our patient financial engagement module. It's also earned us an excellent reputation among our clients and the healthcare industry overall.

Our recognition:

In 2013, nationwide clearinghouse Gateway EDI awarded us with the Gold Standard status for our exceptional clean claims rate of 99 percent. (The industry standard at the time was 93.8 percent.)

The bottom line:

We know the challenges, track the trends and deliver what you need to streamline your operations and improve your performance. Look to us for knowledge. Skill. Value. Reliability. And we'll equip you with our expertise so you can stay focused on yours.

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Leadership

Peter Scott



Chief Executive Officer

An entrepreneur with an uncompromising work ethic, Peter Scott founded Phoenix as a medical billing company in 2008. Under Peter's leadership, the company has experienced exponential growth, built valuable partnerships and innovated to improve medical practice performance in ways far beyond billing alone.

Overseeing and investing in a highly skilled team, Peter has fostered a corporate culture of professionalism, respect, responsiveness, competence and empathy. This has resulted in exemplary customer service that has year-after-year won the praise of clients as well as results that surpass industry standards.

A native of Penzance, England, Peter graduated with honors from the United Kingdom's acclaimed University of Gloucestershire. He calls Tennessee home and operates the company from Phoenix's Spring Hill, Tennessee, office while often returning to the Bradenton, Florida, office as well.

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David Hart



President and Chief Compliance Officer

David Hart is a seasoned executive with more than 30 years of senior management and legal experience. As a lawyer and certified healthcare professional, he leads the compliance consulting team for Phoenix. His goal is to assist physician offices in the complex and ever-changing task of establishing and maintaining an effective compliance plan.

Throughout his career, David has established a reputation for integrity; focus on customer satisfaction; and building strong employee morale and loyalty. His experience and dedication provide an excellent set of skills to maintain the culture at Phoenix Healthcare Services.

A native of Illinois, David has lived and worked all over the world—from Silicon Valley to Switzerland and London. He and his family reside in Franklin, Tenn. He also serves as a trustee for MacMurray College and the Rockbridge Foundation.

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Beth Bellemare



Director of Revenue Cycle Management

As the director of revenue cycle management, Beth Bellemare oversees the operations of Phoenix Healthcare Services' Florida office. She is a compassionate leader and certified medical reimbursement specialist who not only trains and manages staff, but also is very much dedicated to upholding Phoenix's goal of 100 percent client satisfaction.

Her commitment and expertise to perfecting the revenue management cycle is unwavering. She proactively provides up-to-date knowledge, resources and solutions so clients can overcome daily challenges and increase revenue.

In her more than six years of experience, Beth has also taught medical billing courses at a college in the Bradenton, Fla., area. A true Florida native, she attended college locally and is involved in community organizations such as the Manatee County Animal Shelter and B.U.B.B.A. (Buckle Up 4 BSwag and Bubba Association).

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The Phoenix Advantage

There are several distinct advantages to choosing Phoenix for your healthcare management needs. These are the top three that have driven hospitals, health systems and practices of vastly different sizes, locations and specialties to work with us, and stay with us.

1. Scope of Expertise and Innovation

Phoenix Healthcare Services offers a complete suite of solutions to streamline and simplify your practice—from initial set-up through your ever-evolving needs. Our highly skilled, fully trained and knowledgeable team does this using the best and most advanced technology while also staying on top of the latest legislative requirements.

2. Reputation of Service Excellence

We have an unwavering commitment to excellence that raises industry standards, continually brings us new clients, and keeps our client satisfaction at 100 percent. Because we're focused on the industry we serve, you'll experience a true sense of partnership with us. We learn your specific needs and work closely to meet them through an open line of communication. That means when you need us, we're available. No question or request is too big or small. It's this level of commitment and flexibility that has led us to evolve over the years—to meet more than just billing and revenue-cycle-management needs.

3. Unbeatable Value and Savings

Our services save clients an average of 4 to 10 percent in operational costs and increases collections up to 30 percent. We keep our fees refreshing simple. Plus, our unique contract model is that if you are not happy with our service, you are not locked into a long-term contract.

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[Building Partnerships](#)

Providers and practices often feel disconnected when they outsource their billing services. These services may include coding, revenue cycle management, credentialing and contracting or all of the above just to [more »](#)

[HIPAA, Is Your Practice Protected?](#)

Faults in your HIPAA compliance program can affect every aspect of you practice. If you have not established a defense system against breaches or maintained updates for your protection then [more »](#)

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What's more ... you don't have to just take our word for it. If you'd like to talk with some of our clients to hear about their experiences first-hand, let us know.



We're leveling the playing field between payer and provider.



Phoenix Contracting, Credentialing and Payer Management

Contracting, Credentialing and Payer Management services are key to maintaining a competitive and profitable practice in today's healthcare environment. Having Phoenix Healthcare Services manage these for you will not only save you time, but will also give you quantifiable returns that directly impact your bottom line.

Unbeatable value

Because we are industry experts who fully understand the revenue cycle, and provide fast, accurate and thorough service, you might expect to pay top-dollar for the peace of mind and quality you receive. But you may be surprised to learn that we can offer you these services **starting at \$50 per month per provider**. Contact us if you'd like for us to share more with you.

How we can help

- Provide comprehensive strategies and services at any stage:
 - Starting a new practice
 - Transitioning from one practice to another
 - Changing or expanding locations
 - Adding new practice specialties
 - Changing your tax ID number or billing address
- Identify underpayments and overpayments
- Create "what if" re-negotiation strategies and outcomes
- Provide relief when managed care credentialing paperwork inundates group practices
- Determine if denials are true denials and not bundled charges or inaccurate contract loading
- Keep compliant with payers and reducing the chance of audits

Who we work with

- Ambulatory surgery centers
- Audiologists
- Behavioral health providers
- Chiropractors
- Clinical laboratories
- Diagnostic testing facilities
- Hospitals
- Multi-specialty group organizations
- Occupational therapy
- Optometrists
- PAs/NPs
- Physical therapy
- Physicians
- Podiatrists
- Solo practitioners
- Speech pathology
- Urgent care facilities

View Our Credentialing Service Specialties By State

Alabama	Alaska	Arizona	Arkansas	California	Colorado
Connecticut	Delaware	Florida	Georgia	Hawaii	Idaho
Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana
Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi
Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey
New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma
Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee
Texas	Utah	Vermont	Virginia	Washington	West Virginia
	Wisconsin			Wyoming	

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Phoenix Denial Management and AR Resolution Services

Effectively collecting on old accounts

Phoenix Denial Management and AR Resolution Services help medical practices recover unresolved insurance accounts receivables without requiring any changes in current process, new technology or system changes. You'll have a dedicated team of specialists to analyze unpaid and underpaid claims, while working on your system, and then aggressively follow up with insurance companies to recover maximum payments.

A growing challenge and burden on medical practices

Unresolved insurance accounts receivables is a very common problem within medical practices of all sizes. Many find that their insurance receivables keep growing despite their own efforts, and it results in a significant financial burden.

An ideal solution that doesn't require you to outsource billing

Phoenix Denial Management and AR Resolution Services enable you to:

- Put the money that's tied up in your old AR into your bank account.
- Receive an expert, ongoing review of your current billing outcomes, including your coding, adjustments, payment posting and follow-up techniques.
- Lower your working capital needs by reducing your days in AR.
- Clean up your AR by removing unpayable claims.
- Focus on what you do best.

We do this by:

- Thoroughly evaluating accounts receivables and key metrics
- Identifying flaws in existing process
- Re-engineering the AR process to meet best-in-class practices
- Quickly deploying a team of experts, including certified coders and reimbursement specialists
- Auditing all accounts to settle unidentified and duplicate payments
- Managing claims more than 90 days old
- Sending proven, successful appeal letters to payers
- Calling patients to verify demographic details or obtain missing information, and also discuss outstanding patient dues
- Cleaning up old account receivables
- Providing dedicated payer contracting and credentialing staff on demand, if required

If you'd like to significantly improve your denial management and collect on your old AR, [contact us to learn more.](#)

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