

Providing patients with price, quality and availability information and affordable options before treatment lowers health costs and improves outcomes.

The market and regulatory environment that physicians practice within is undergoing rapid and dramatic change. Patient, health insurer, and government demands for practice and physician performance data upon which to base informed health care purchases are exploding.

As deductibles and coinsurance amounts continue to increase, so too has uncollected patient financial responsibility, resulting in escalating physician practice bad debt and collection costs. New electronic health records (EHR) systems meant to maximize practice efficiency are costly and must meet "meaningful use" thresholds. EHR is a start, but connecting for cross-physician referral, scheduling and payment management is still a challenge.

Evolving practice integration and innovation models require price transparency to bargain effectively with health insurers, provider-partners, other third-party payers for the payments required to support sustainable medical practice. No wonder most primary care physicians in independent practice feel unprepared to take advantage of the recent market and reimbursement changes.

The U.S. health care market is unlike any other retail market.

- The Primary care market alone is \$136 billion, representing over 130,000 practices
- Patient payments make up 25 percent (or more) of practice revenues
- For every \$1 that goes directly to a physician another \$3.50 of healthcare expenditures are controlled by physicians through referrals, admissions, prescriptions, and orders for services
- Primary care referrals to specialists have almost doubled in the last decade
- Patients rarely know what they'll pay for referred services until they've received them
- Prices for health services vary significantly among providers, even for common procedures
- Health care providers often bill different payers different prices for the same services
- Privately insured patients pay more to subsidize the shortfalls left by uninsured patients

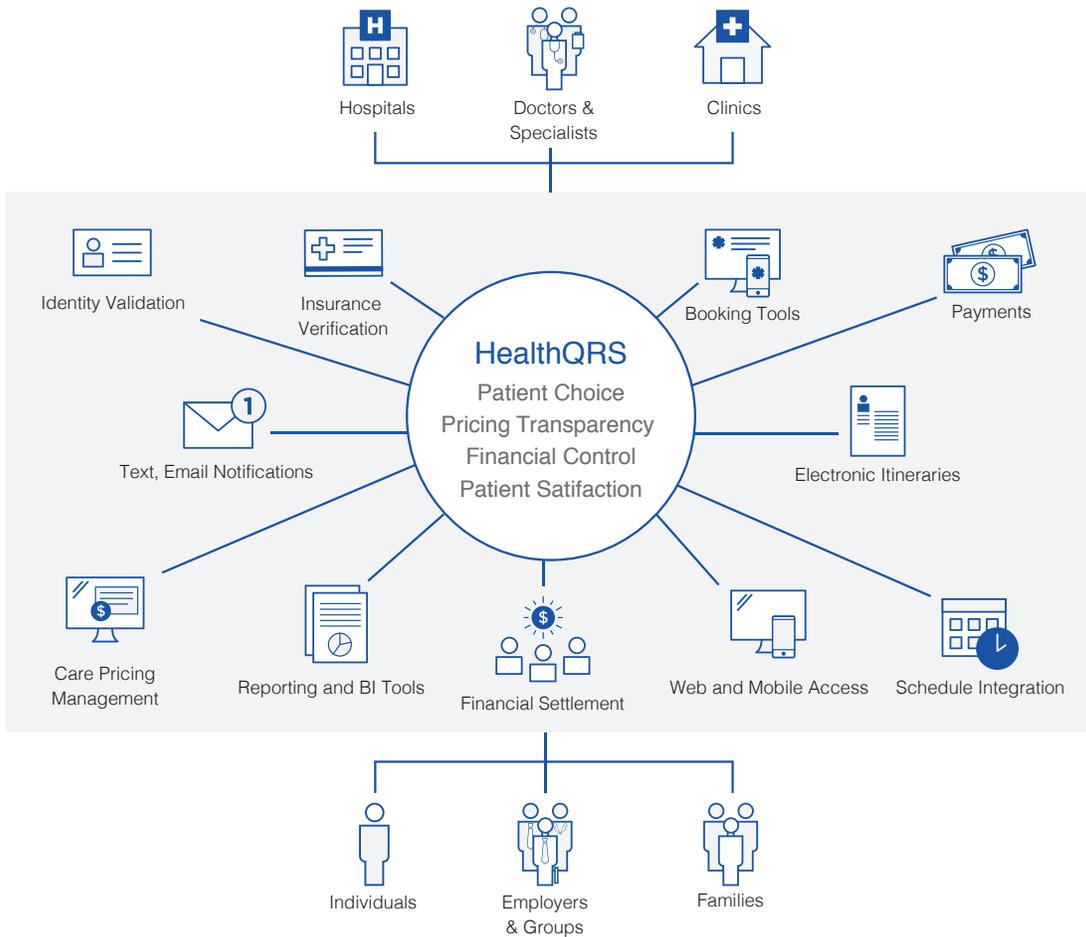
Partnering with HealthQRS® Direct Pay Solutions can enhance the primary care industry's ability to take advantage of recent market changes.

To request a demo, visit
www.healthqrs.com

For primary care physicians interested in payment and delivery reforms to achieve physician-led patient-centered care, with better coordination between specialists and providers, HealthQRS® Direct Pay Solutions may be the right partner.

- Develop an integrated network of primary care physicians, specialists and hospitals
- Offer patients more referral options with competitive prices, quality service, and convenient schedules
- Retain each partner's policies for pricing, scheduling, and patient collections
- Provide the pricing transparency that patients, employers, and payers want
- Improve practice revenues and utilization with dynamic pricing, schedule availability, and payment incentives
- Increase cash flow with upfront and point-of-service payments, reducing billing, back-end collection costs and bad debt
- Eliminate patient financial uncertainty while improving their health outcomes
- To request a demo, visit www.healthqrs.com

HealthQRS, Inc. was founded to provide a retail electronic marketplace for consumers to “Search, Book and Save” on affordable, quality healthcare options that leverage healthcare provider networks and capacity to deliver better financial results for the patient and the provider. The patient saves money, saves time, and manages their deductibles and co-pays more effectively. The provider improves patient service and navigation options, reduces costs, and increases cash flow.



Features

- Patients search online** for healthcare based on service, price, quality, and convenience
- Patients compare healthcare facilities and services to **pick the best options for them**
- A true retail application** for patients, providers, and employers to manage expenses
- Improves asset utilization** and scheduling through consumer awareness and incentives
- Displays **true cost-to-patient** based on current status of healthcare insurance (eligibility, limits, and y-t-d expenses)
- Improves **scheduling efficiency** and patient navigation options through direct online connections
- Online credit transactions are **settled directly to Provider** merchant accounts
- Reports, automated reminders, and **revenue cycle management tools**

Benefits

- Patient Satisfaction.** New and existing patients shop online for quality, convenience and savings
- Better Access.** Patient can now compare services across your region to find the valuable services that you offer
- Brand Building.** Doctors and Specialists work directly with hospitals, employers and patients in an online marketplace
- Pricing Tools.** A clear path to pricing transparency and consumer confidence for orders and referrals
- Patient Navigation.** Increases referral options to hospitals and clinics with capacity to serve
- Improves Cash Flow.** Increases cash flow and reduces cash collection costs and burden
- Compliance.** Lowers the cost of adhering to and documenting compliance policies
- Better Control.** Manage patient insurance verification, appointments and out-of-pocket expenses more effectively