

MedbillTM

TrueSight[®]

The image displays three overlapping screenshots of the Medbill TrueSight software interface. The top screenshot shows the 'Patient Info' and 'Order Info' sections. The 'Patient Info' section includes fields for Patient ID, Gender, NPI, PTAN, Policy No, AR Insurance, AR Patient, Order Status, Order Balance, Order Cost, Order Margin, Service Date, and Order Allow. The 'Order Info' section includes fields for Service Date, Compliance Date, Rental Compliance Start, Branch, Billing Entity, Place of Service, Sales Representative, Order Type, Form Group, Created By, Created Date, Third Party Order ID, Delivered By, and Delivered Date. The bottom screenshot shows the 'Purchase Orders' and 'Custom Forms' sections. The 'Purchase Orders' section includes fields for Branch, Billing Entity, Resupply Employee, Resupply, Sales Representative, and Search. The 'Custom Forms' section includes fields for Delivered By, Delivered Date, and Search. The interface is clean and modern, with a blue and white color scheme and a sidebar menu on the left.

AI-POWERED

DME Software

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The TrueSight Platform

At a Glance

A quick guide to what's covered in this overview — from denial-prevention fundamentals to the tiers that take the platform further.

DENIAL PREVENTION & COMPLIANCE

These five capability groups have the most direct impact on first-pass claim acceptance, days in AR, and audit exposure — built to attack bad documentation, expired authorizations, coding/modifier errors, and payer-specific claim rules.

- Clean Claims, Submitted Right the First Time
- One Connected Platform, Not a Patchwork
- Complete Intake Done Right
- Real-Time Visibility Into the Business
- Complete Audit Trails, No Guesswork

The foundation — stop denials before they start.

REVENUE CYCLE & CASH FLOW

This is where TrueSight turns accounts receivable into a real-time cash engine — collections prioritization, payment posting intelligence, and full visibility into exactly where every dollar sits between submission and deposit.

- From Intake to Income
- Automated Intake
- Consolidates Collections
- Truth telling Scorecard
- Resupply that produces revenue
- Authentic Accounting

If you've ever asked "why is our cash lagging our claims volume?" — this answers it.

AUTOMATION & AI — DIFFERENTIATOR TERRITORY

This is where TrueSight pulls away from other software. It's built around AI-assisted workflows that remove manual touchpoints across intake, eligibility, and documentation — a capability the larger platforms are still bolting on, not building in.

- AI ERA
- Automation in Abundance
- Workflow Wizardry
- Task tracking and accountability

Ask our software rep what's live today.

OPERATIONS & LOGISTICS

Billing is only as strong as the fulfillment behind it. TrueSight covers inventory, delivery, and resupply operations, the operational backbone that keeps documentation, compliance, and cash flow aligned with what's actually happening in the field.

- Dynamic Delivery
- Seamless Scheduling
- Inventory your way
- Retail Ready
- E-Signature enabled

The category that connects the back office to the warehouse and the driveway.

Denial Prevention & Compliance

These five capability groups are built to attack the root causes: bad documentation, expired authorizations, coding/modifier errors, and payer-specific claim rules.

1

CLEAN CLAIMS, SUBMITTED RIGHT THE FIRST TIME

Get paid faster by stopping errors before submission

Owner value: Configure each payer's rules once, then apply them consistently before claims leave the building. Cleaner first-pass claims mean fewer denials, less rework, lower billing expense, and faster reimbursement — directly improving both margin and cash flow.

- Claims route automatically to the correct payer through pre-built clearinghouse connections — no manual selection required
- Every electronic claim is formatted to current payer standards, with diagnosis codes attached automatically
- Prior authorization numbers attach directly to the claim, so approvals aren't lost between systems
- Billing codes adjust automatically to match state-specific payer rules, reducing coding rejections
- Every claim includes the provider information each payer requires — nothing missing at submission
- Item descriptions on the claim automatically match what each payer expects to see
- The system blocks a claim from going out twice, preventing duplicate-billing denials
- Pricing can be set by individual payer or payer group, so rates stay accurate across contracts
- Every invoice shows how and where it was routed, so staff can track a claim's path in real time
- Secondary and crossover claims generate automatically once the primary payer responds — no manual re-entry

2

ONE CONNECTED PLATFORM

No bolted-on modules, no data silos, no hidden integration fees

Owner value: Avoid the operational risk of a platform assembled from disconnected modules that do not share data or workflow logic. A native, integrated foundation gives owners more reliable processes, cleaner reporting, stronger controls, easier integrations, and fewer hidden costs as the business scales.

- Open, published connections let outside systems plug in freely — no surprise integration fees
- Billing, documents, compliance, and reporting all run on one connected system, not stitched-together add-ons
- A wide library of ready-made vendor connections, so new integrations rarely start from scratch
- Delivery confirmation and proof-of-delivery data flow directly into the platform through built-in tracking
- Claims connect to the clearinghouse in real time, so billing moves without manual handoffs
- Employee access is controlled by role, and every action is logged for accountability
- Complete transaction accounting ties every entry to accounts receivable and inventory balances
- Independently tested for data integrity under SOC 2 — the only DME platform on the market that can say that

3

COMPLETE INTAKE DONE RIGHT

Every document captured, verified, and compliant before a claim ever goes out

Owner value: Build a clean intake process where documents are captured, verified, and connected to the right patient, order, and claim — and where the system catches missing or expired requirements automatically instead of relying on staff memory. A tight intake process reduces staff search time, prevents denials tied to missing documentation or compliance gaps, improves audit readiness, and keeps revenue moving without repeated requests for the same paperwork.

- Incoming documents are automatically labeled and sorted using AI as soon as they arrive
- Staff can search and pull up any document in seconds instead of digging through files
- Faxes are sent and received directly inside the platform — no separate fax line or manual scanning
- Prescriptions are checked automatically before a purchase order goes out, catching problems early
- Orders automatically pause the moment a certification or authorization expires, before a non-billable delivery happens
- Standard Written Orders (SWOs) and Prior Authorization Requests (PARs) follow standardized templates, reducing missing-paperwork denials
- Live dashboards show every open SWO/PAR and what's about to expire, so nothing slips through
- Supporting paperwork and prior authorization numbers attach directly to the electronic claim, so payers get everything they need the first time
- A claim can't go out without a valid compliance date attached — the system blocks it
- Patients can log in to view or upload their own documents and sign forms electronically, cutting down on chasing signatures and inbound calls

4

REAL-TIME VISIBILITY INTO THE BUSINESS

See the state of the business as it happens, not after month-end

Owner value: Replace backward-looking reports with immediate visibility into the orders, cash, inventory, patients, and exceptions that need attention today. Owners can make faster decisions, intervene before problems become losses, and hold teams accountable using one shared version of the truth.

- A live dashboard shows how resupply orders are performing, without waiting on a report
- Open orders show up in real time, along with how long each one has been outstanding
- Accounting periods connect directly into reporting, so financials line up with operations
- Leadership-level dashboards summarize the business at a glance — no report requests needed
- Daily deposit totals give an immediate read on cash flow, updated every day
- A dashboard shows usage history for any item, revealing patterns across patients and products
- Write-off totals appear directly in the dashboard, so revenue leakage is visible immediately
- Patients can be filtered by active or inactive status, keeping caseloads current
- A dedicated dashboard surfaces order-level insight without digging through separate reports
- Patient documents are one click away directly from the dashboard — no separate lookup required

5

COMPLETE AUDIT TRAILS*Every change, every user, every time – fully reconstructible*

Owner value: Know who changed what, when, and why across patients, orders, claims, payments, documents, tasks, and inventory. Complete audit history shortens investigations, strengthens accountability, supports HIPAA and payer audits, and helps owners resolve costly discrepancies with facts instead of guesswork.

- Every user's activity is logged in detail, supporting HIPAA compliance requirements
- Every document shows where it originated and every update made to it, with a full history
- Serialized equipment carries a complete history by device and serial number
- Every task shows a timestamp for who completed it and when, for full accountability
- Every deposit has a complete transaction and reconciliation history behind it
- Any critical change to a record is automatically logged – no exceptions
- Inventory transfers carry a complete history from origin to destination
- Every order shows exactly which employee touched it and when
- Invoices carry a full lifecycle history, tracking every change from creation to close
- Every electronic claim submission is tracked down to the individual user who sent it

THIS IS JUST THE BEGINNING

Get the full view of the different feature sets and see how it connects to the cash flow, automation, and operations capabilities behind it – Start a Conversation → [866-369-5423](tel:866-369-5423) · medbill.com

