PureEHS™

Where is your occupational health clinic revenue leaking?

Find out how billing gaps and mismatched systems add up to lost revenue for your clinic or department and extra hours for your staff. A 12-item self-assessment for occupational health teams.

What you'll evaluate:

- Billing and reimbursement
- Employer accounts and reporting
- Clinic workflow and documentation
- Visibility and growth

Why occupational health revenue leaks

In occupational health, one encounter can involve the injured worker, their employer, the workers' comp carrier, an adjuster, and sometimes the worker's own health insurance.

Revenue leaks in two ways:

1. Uncollected revenue

Money you've earned but never receive in full: charges sent to the wrong payer, claims missing details, and denials that never get reworked.

2. Staff hours

Time spent on work your system should handle, which then limits the number of patient encounters you can have in one day.

How to use this assessment

1

Answer for today

Focus on how your team works right now.

2

Score each statement

Does your system do it automatically, manually, or not at all?

3

Add it up

Total your section scores to get your result.

This document is designed for occupational health clinics and departments. If you're an employer looking to evaluate your program, check out this assessment.

SECTION 1

Billing and reimbursement

Why it matters: Workers' comp claims stall when details are missing or charges go to the wrong payer. Every resubmission delays money you've already earned.

1 The claim number, carrier, adjuster, and injury date are captured before a work-injury visit is billed.

☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

2 When a visit has more than one payer, each charge is sent to the right payer at the right rate.

☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

3 Denied, underpaid, and unpaid workers' comp claims show up in one place for follow-up.

☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

SECTION 1 - Score: _____/6

SECTION 2

Employer accounts and reporting

Why it matters: An invoice that doesn't match the contract gets disputed or short-paid, and slow updates can cost you the account.

1 Each employer's protocols, panels, and contract rates are applied to its visits.

☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

2 Employer invoices go out on each employer's preferred cycle.

☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

3 Employers can check a worker's status and restrictions without calling, and without seeing protected clinical details.

☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

SECTION 2 - Score: _____/6

SECTION 3

Clinic workflow and documentation

Why it matters: Services that aren't documented the way the carrier expects may never get paid, and manual recordkeeping creates more room for errors.

1. Providers chart DOT physicals, drug screens, and injury visits in templates built for them, with coding errors flagged as they go.
   - ☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

2. DOT exam results reach the FMCSA National Registry without anyone re-entering them.
   - ☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

3. Lab, toxicology, and radiology results land in the right visit record.
   - ☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

SECTION 3 - Score: _____/6

SECTION 4

Visibility and growth

Why it matters: Every handoff between systems is a place revenue can leak. And without balances broken out by employer, slow payers stay hidden until the balance is large.

1. Revenue and outstanding balances by employer account come straight from your system, without anyone compiling them in a spreadsheet.
   - ☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

2. Employers schedule visits themselves, and those visits land on your schedule with the right services attached.
   - ☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

3. Scheduling, charting, and billing happen in one system, without staff re-entering information from one step to the next.
   - ☐ Automatically (2) ☐ Manually (1) ☐ Not at all (0)

SECTION 4 - Score: _____/6

RESULTS

What your score means

19–24

Systems running smoothly

Most of your billing and workflow happens without anyone stepping in. Look at any "Manually" or "Not at all" answers to find the steps your system still hands back to your team. Each one you automate saves staff time and brings you closer to collecting every dollar you've earned.

11–18

Leaks worth plugging

Your team gets the work done, but much of it runs by hand. Each "Manually" or "Not at all" answer is a place revenue can leak, whether through billing or staff hours. Start with the section where you scored lowest.

0–10

Revenue at risk

You're likely running occupational health on systems built for something else. That shows up two ways: claims that keep coming back, and hours lost to double entry and phone calls. Your lowest-scoring sections point to the areas that need the most attention.

Total score: _____ /24

Your score is a starting point. Go back to each "Manually" and "Not at all" answer and note which ones cost your team the most time or money.

NEXT STEP

Plug the leaks that are costing you revenue

Wherever you landed, there are steps you can take to stop leaving revenue on the table. Most "Manually" and "Not at all" answers trace back to the same cause: systems that weren't built for occupational health, or several systems that don't share information. Every handoff between them is a place revenue can leak.

That's what **PureSYSTOC** was built to solve. PureSYSTOC is the EMR and practice management platform built for occupational health. Scheduling, charting, employer communication, and billing run in one system, so information moves through an encounter without anyone re-entering it. It also automates workers' comp and employer split-billing, which reduces claim denials and speeds reimbursement.

If you'd like to see how PureSYSTOC can help you plug the leaks you found here, schedule time with one of our specialists.

Talk to an expert